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ANNUAL MESSAGE OF THE PRESIDENT.*

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MOBILE, ALA.

Gentlemen of the Medical Association of the State of Alabama.

Another year has passed and we have again assembled to deliberate upon and to discuss questions affecting the interests of the Medical profession and the people of the State of Alabama. During my incumbency of the official position with which your generous suffrages honored me, no questions have arisen affecting in any way the integrity of this organization. The perfect harmony existing between the members of the profession in the State, and the excellence and virility characterizing our plan of organization have given strength, efficiency, permanency and solidity to this Association.

After a lapse of almost thirty years since the inception of our present organization, notwithstanding the fact that many attempts have at times been made to curtail its authority or minimize its influence it stands firm and immovable in its symmetrical proportions, an imperishable monument to the marvelous intellect and indomitable energy of its founder. Commended on every hand as being perfect in its every detail, we should esteem it an honor to be in affiliation with it, and to have been participants in the beneficent work which it has accomplished.

Article 27, Section VIII., of the Constitution makes it mandatory upon the president, at each annual session of the Association, to submit an annual message devoted to the discussion of the interests, objects and business of the Association.

*Delivered before the Medical Association of the State of Alabama, April 16, 1902.

By implication he is prohibited from the discussion of any subject not germane to the definitely expressed provisions of this constitutional requirement. By reference to the annual messages of my predecessors in office, I find that almost every question involving the interests and objects of this Association has been discussed with such marked ability and elaboration that I am keenly conscious of my incompetency to give them additional strength and authority. As the value of any institution is directly as to the good which it accomplishes, it has occurred to me that it might perhaps be profitable at this time to take a retrospective glance at some of the evolutionary stages in the growth of the Association, and by contrasting the professional conditions which existed in the State at the time of the inauguration of our present perfected system with those which exist today, we might derive inspiration for greater assiduity in the reformatory work which it has undertaken, and find in the benefits which have accrued to the profession and the people of the State from that work, logical grounds for more loyal devotion to its service.

Prior to the long and bloody conflict which occurred in this country, a conflict destined to mark an important epoch in the history of republican institutions, a State Medical Association had a nominal existence in Alabama. Organized in 1849, it held annual sessions, with a few interruptions, until 1856, when it ceased to have practical existence. Without the cohesiveness of a representative body, while its scientific work was, in some instances of excellent character, it was invested with no legal functions, and being without definite and specific purpose, it had in its organic law nothing to insure its continuity.

The few local medical organizations which existed in the State at the time were almost without exception confined to the cities, while they were so imperfectly organized as to invalidate any salutary influence that they were intended to exercise in the improvement of professional conditions. A few of these societies were, by virtue of special legislative enactment, authorized to regulate the practice of medicine in their respective counties, but the standard of professional requirements was so low as practically to nullify any benefits which should have accrued from the sagacious utilization of the legal privileges with which they had been invested.

After peace had been declared, although adjustment to the changed political and social conditions was slow and painful, members of the profession looked forward in pleasing anticipation to a State organization, representative in character. Many of those who had been prominently identified with the previously existing organization, on

account of advancing age, and the infirmities incident thereto, were debarred from participation in such a movement. However it was not until 1868, that pursuant to a call, a meeting was held in the city of Selma, which resulted in a reorganization of the Medical Association of the State of Alabama. Of the gentlemen who were present upon that occasion, but three, so far as I have been able to learn, are living, namely: Doctors Richard F. Michel, and Jacob Huggins, both of whom are still active and honored members of the Association, and Doctor T. C. Osborne of Texas, whose name is enrolled among our correspondents. The war with its unsettling of social conditions had made many changes in the personnel of the profession, and new men had come into the State, some of whom were destined to exercise no inconsiderable influence. Among them was one whose comprehensive mind and masterly logical perceptions made him a leader in this work of re-organization. Without the prestige of birth, adventitious influences or meretricious arts, his matchless intellect obtained for him immediate recognition among men whose reputation for learning and scholarship was co-extensive with the State. His trained mind had solved the intricate problem of organization in its every detail, he conceived and elaborated a plan so nearly perfect, so thoroughly adapted to the purpose for which it was desired, that today the Medical Association of the State of Alabama, the creation of his genius, is without a peer on this continent. It is unnecessary for me to say in this presence that I refer to Jerome Cochran.

At the annual session of 1871, under his leadership, the draft of a new constitution was presented, so unique in character, so in contravention of the ultra-conservatism of the past, that two years passed before it was adopted. While half of the counties in the State were organized, it was fifteen years before efficient organization was effected in every county. In 1875, by an act of the General Assembly of the State, the Association was charged with the supervision of the health interests of the people, it being constituted the State Board of Health, while the county medical societies in affiliation with it were constituted county boards of health. In 1877, the law to regulate the practice of medicine in the State was enacted, and the Association was made the instrument for its administration.

In a brief and imperfect manner I have described the evolutionary stages which characterized the transition of the Association from a body exercising only social and scientific functions to one endowed with legislative duties, a factor of importance in the administration of law.

Its purposes are definitely defined in Article 3, Section III of the

Constitution: 1. To organize the medical profession of the State in the most efficient manner; 2. To encourage a high standard of medical education, and regulate the qualifications of practitioners of medicine in the State; 3. To promote professional brotherhood, and encourage a high standard of professional ethics.

These enumerated objects are unquestionably commendable, and if this Association has faithfully and efficiently complied with them, it is entitled not only to the gratitude, but also to the unswerving loyalty of every member of the medical profession in the State. How has this great and important trust been administered?

At the time of the organization of this Association under its present constitution, and the enactment of the wise and salutary laws with the administration of which it was entrusted, professional conditions in the State were not only unsatisfactory but deplorable. In a majority of the counties in the State, boards of medical examiners created by boards of County Commissioners existed, while the standard of professional requirements which they demanded was so low as practically to nullify any benefits that might have accrued under other and better circumstances. No sense of responsibility was imposed upon these boards, and their legal duties were performed in a perfunctory manner.

The meagre attainments which they exacted in order to give authority to engage in the practice of medicine furnished no test of professional knowledge, while they created no apprehension or respect on the part of the applicants. At the same time no uniformity existed in health regulations, each community exercising sanitary prerogatives frequently inimical to adjoining towns and counties. Men who were destitute of either educational or professional attainments were undisturbed in their right to practice medicine, while the people deluded by their pretence of scientific acumen, resented any interference with existing conditions as in conflict with the inalienable rights guaranteed to them by the Constitution of the United States. Diplomas and collegiate training were not only unnecessary, but in many instances were considered undesirable. It was the day of the ignorant pretender and charlatan when the schoolmaster was not abroad in the land, when illegible penmanship and unjustifiable orthographic slips were not only pardonable but were heralded as unmistakable evidences of talent, if not of genius. The code of Ethics, so essential to the maintenance of the esprit de corps was a sphinx riddle, without material influence in the regulation of conduct. The one dominating, overwhelming impulse was the utilization of every method, however questionable, to obtain practice. Merit was not an element of rivalry, while scientific at-

tainments were without intrinsic value. The verity of these statements may be questioned by some, and while I do not claim that they apply with equal force to conditions as they existed, at the time referred to, in the entire State, that they did exist in certain sections of the State, I assert with the positiveness incident to personal knowledge.

Consequent upon the enactment, under the auspices of this Association of the law to regulate the practice of medicine in the State, marvelous changes occurred, changes which involved a regeneration of the profession, and which inured to the benefit of the people. While the new reactionary force acted slowly, the body of the profession responded to its impulse, and pressed forward to the attainment of higher ideals. Its first perceptible salutary influence was upon those already engaged in the practice of medicine, and to whom had been entrusted the administration of the law in their respective counties. The elevation of the standard of professional requirements instigated study, hence better informed and more competent medical men were tangible beneficial results ensuing upon the change in legal provisions. Rivalry betwen medical schools consequent upon a desire on the part of teaching faculties to extend their influence by an increase in their number of matriculates and graduates had impaired the validity of medical degrees as representative of the possession by their holders of medical knowledge. Under such misguided ambition men devoid of a semblance of an elementary education, and whose professional attainments were of an inferior order, were inducted into a noble calling to detract by their ignorance and incompetency from the honor and dignity that should cluster around it.

Largely as a result of organized effort, in which this Association was a prominent factor, healthful changes occurred in a system at once so pernicious, and fraught with danger to the people. The more exalted requirements necessary today to obtain the doctorate are concomitant upon restrictive legislation consequent upon professional organization and the subordination of the few that great benefits may accrue to the many.

The health system of the State, involving the direct interest of every citizen, has under the conserving influence of this Association, emerged from its former chaotic condition, and has been reconstructed upon a scientific basis. Crude, unscientific, imperfect and often barbarous, as originally constructed and construed, there is ample cause for congratulation in that it has been harmonized, and brought into conformity with the revelations of modern sanitary science, and instead of being an object of terror to the people and a menace to commerce during periods of epidemic visitation, it invites confidence and security.

Under intelligent methods of modern sanitation, the school, the workshop, the mine and the prison have become objects of solicitude, not only to the philanthropist, but to every public-spirited and intelligent citizen as well. This Association has energetically entered into this work, and while the financial resources at its command have been insufficient to accomplish startling results, what has been done has reflected credit on the State, and also upon those who were instrumental in securing such desirable reforms. All incongruity has been eliminated from our health system. The uniformity now characterizing it is creditable to the sagacity of the Senior Censor who conceived it and under the endorsement of this Association secured its enactment into law. Had this Association accomplished nothing beyond the readjusting and liberalizing of the sanitary system of the State it would still be entitled to the respect and confidence of the people, and the loyal and enthusiastic support of the profession.

Brilliant results in any reformatory work must of necessity be slow. The work to which we as an Association have pledged ourselves, being reformatory in character, is no exception to this almost invariable rule. Cherished opinions, however monstrous or erroneous, are difficult of dissipation, and years of patient and unselfish labor are frequently necessary before the narrow and prejudiced mind, under the influence of the unswerving fidelity of loyal adherents, can be induced to believe that such self-sacrificing labor has not as its impelling force mercenary motives. The suspicion lurks with many who are true to the utilitarianism of this unfeeling and progressive age, that the work of this Association has for its purpose the aggrandizement of the medical profession—a work without interest or value to the people of the State. Failure to obtain wholesome and desirable legislation in the past may be in some measure ascribed to the prevalence of this unreasonable and unjustifiable belief. A unified profession, working in harmony with the expressed purposes for which this Association was organized, would soon remedy existing evils, and secure such wholesome legislation as may be necessary to bring about reforms of value to the people of the State.

My immediate predecessor in office in his masterly message at our last annual session, adverted to the lamentable fact that large numbers of the profession in the State were not in affiliation with the Association, and obviously not in harmony with its purposes. Admitting the accuracy of the statement which he made, is occurs to me that wisdom would suggest that we should endeavor to ascertain the cause of this apparent disaffection in order that a remedy which would be effectual for the condition might be devised.

After careful deliberation on this subject, I am assured that the

condition referred to can be ascribed to one of three causes, possibly to all:

1. Misapprehension on the part of those not in affiliation with the Association, of its plans, scope and purpose.

2. Lack of concentrated effort by members of County Societies through which, if properly directed, every regular member of the profession in the State could be absorbed by the Societies.

3. Failure of many of the members of the Association to familiarize themselves with our plan of organization, and the beneficent ends it seeks to attain. While in many instances quasi-endorsement is given to the Association, adverse criticism of its plans and objects, based on ignorance, of those from whom of right we should expect loyalty, militates seriously against an extension of its influence.

Careful and intelligent investigation of the system of organization which this Association has adopted, would obviate much of the misapprehension that exists relative to its purposes. Justice and fairness alike demand that criticism should be based on knowledge. This Association has received unstinted commendation from those who have given thought and study to it. The late president of the American Medical Association, at the meeting of that Association in St. Paul, Minn., in June, 1901, referred to it as "the incomparable Alabama plan." Dr. George H. Simmons, secretary of the same body, and editor of its Journal, in some remarks which he made during a recent visitation upon a meeting of the Mobile County Medical Society characterized this Association as the best medical organization in the world. The American Medical Association in its plan of reorganization adopted the fundamental principles underlying our system. That Association is a federation of State Societies. This Association is a federation of county societies. From all over this vast and progressive country of ours inquiries are being made as to the specific plans and purposes of this Association. The evident and frequently expressed purpose of such inquiries is to give our plan careful study with a view of engrafting its principles into the organic law of other State organizations.

Despite the fact that our organic law combines strength and solidity, and contributes to the uplifting of the profession, in many instances members of county societies, ill informed as to the nature of this organization, and ignorant of its inherent value, indulge in captious criticism of it to the detriment of the profession, and of an Association, which in its every feature reflects credit upon our beloved State. Such criticism is usually directed against the College of Counselors. This Association is a representative body with distributed powers. Its strength has been, and still is, in the devotion of its counsellors.

While the Association has made them objects of distinction and honor, it has also imposed upon them consequent obligations and responsibilities.

With greater loyalty on the part of the membership of the Association, inspiring to more energetic work in its behalf, a powerful, an almost irresistible influence would be created, which would bring into harmony with it, every recalcitrant in the State. Whenever such a desirable consummation is realized, with the profession unified into a compact body all opposition to needed reforms will disappear.

It has been customary for the President in his annual message to submit to the Association such recommendations as in his judgment might be necessary. The wisdom and fidelity, which in the past have characterized the members of the Board of Censors, assures me that we can with perfect security entrust to them in its entirety the interests of this Association. Already bills looking toward additional legislation, valuable in character, have been formulated, and upon the active co-operation of the individual members of the Association depends their enactment into law. I refer especially to the bills providing for compulsory vaccination, and the modifications demanded by existing conditions to the law to regulate the practice of medicine in the State.

The widespread prevalence of smallpox, at the present time, challenges the thoughtful consideration and solicitude of both the physician and the publicist. Since December 28, 1901, there have been 25,574 cases of smallpox in the United States, with 739 deaths. Experience simply attests the immunizing powers of efficient vaccination, and with the abundance of evidence as to its virtue furnished by Germany and Japan, where vaccination has for some years been compulsory, it is strange that any government in harmony with the wonderful advances made in recent years in sanitary science should so ignore the interests of the people as not to invoke the aid of such beneficent legislation to restrict the spread of a disease so much dreaded as the one in question. Several years since, the Association in its capacity as a State Board of Health, endeavored to secure the enactment of a law providing for compulsory vaccination in the State, but owing to various causes the bill failed to receive legislative enactment. The ubiquitous anti-vaccination crank was especially conspicuous while this bill was pending before the committee of the General Assembly, to whom it had been referred, and no doubt he influenced largely its ultimate destiny. The members of this Association by unity of action can secure legislation of the character mentioned, and contribute by the prevention of smallpox, to the material prosperity of the State. The immortal discovery which Jenner gave to the world merits your ardent advocacy.

For several years it has been apparent to all who have given the subject thought, that modifications of the law to regulate the practice of medicine were demanded in order to facilitate its enforcement. While the law as now existing is sufficiently comprehensive to meet the conditions which obtained at the time of its enactment, its failure to clearly and definitely define in its entirety what constitutes violation of its provisions has given rise to confusion, and made it inadequate to meet unusual demands. Its lack of definiteness as to what constitutes the practice of medicine within the meaning of the statute has permitted what we believe to be gross violations of it, and has rendered almost impossible convictions in the courts until either modifications are made in its verbiage, or the authoritative deliverance of a judicial tribunal in harmony with our own interpretation makes its rigid enforcement practicable. The Osteopath, the Christian Scientist, the Magnetic Healer, and the many other irregular methods of treating human diseases, have in this way evaded the law, while the regular profession have been powerless to check the flood-tide of charlatanry which is now sweeping over the country. Fortunately, a test case has arisen, and we anticipate at an early day a decision from the highest judicial tribunal in the State which will determine whether the present law is adapted to meet the emergencies which have arisen, or whether it will be necessary to secure additional legislation. It should be a source of unalloyed pride with each of us, in the event of an adverse decision upon our present law, to assist to the extent of our ability in securing the enactment by the General Assembly of such modifications to it as may be necessary to accomplish the purposes for which it was originally devised.

And now, gentlemen, in conclusion, I desire to urge you to greater devotion to this Association, to more unswerving fidelity to its interests. The legacy which Jerome Cochran bequeathed to the medical profession of Alabama is entitled to your loyalty and merits your warmest affection.

THE TREATMENT OF COLD ABSCESSES.*

By Wisner R. Townsend, A.M., M.D.,

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Before considering the treatment of cold abscesses, it seems appropriate to say a few words as to the pathological and bacteriological conditions found in these purulent collections. To a faulty or imperfect knowledge of just what cold abscesses really are we may attribute much of the confusion which exists as to how they should be

*Read before the State Medical Association, April 16-19, 1902, Birmingham, Ala.

treated and to the fact that some surgeons advise never opening them, while others insist upon immediate opening as soon as their presence is made out.

The term "cold abscesses" clearly indicates that it was early recognized that they differed from the ordinary abscesses, but it was not until after the discovery by Koch of the bacillus of tuberculosis that surgeons clearly recognized in what respects they differed from other purulent collections. To quote the views of earlier authors to prove these contentions would be a waste of time, but it is well to have the opinions of recent writers.

Warren, Surgical Pathology and Therapeutics, published in 1894, says on page 518: "The tubercular nodules in bone may frequently be multiple—where the confluent masses of tubercle in the center of a nodule begin to break down, there is formed a collection of caseous material surrounded by tuberculous tissue. This material becomes infiltrated with fluids and leucocytes, and thus there is produced a cavity containing fluid fatty materials, fragments of cells, and leucocytes, around which there is granulation tissue, filled with tubercles; and in this way a tuberculous abscess is formed (Cheyne). It seems at times to be quite a matter of accident whether the abscess breaks into the joint or finds its way by a more circuitous route into the surrounding connective tissue. As the tuberculous masses spread, caseation takes place at different points in the wall, and the masses are discharged into the cavity of the abscess; but the spread of the abscess is affected generally by what is termed "burrowing of pus." This burrowing occurs in various directions, and large collections of pus, altogether out of proportion to the original lesion are formed, and are known as "cold abscesses." The pus which they contain is so characteristic that it can always readily be recognized. It is of a pale white color, and it frequently contains masses of cheesy material, like coagulated casein, sometimes of considerable size, which makes the aspiration of these abscesses often a difficult operation. It is for this reason called "grumous." It has a very thin serum, much thinner than that of the pus of acute abscesses. Occasionally, the pus may be mingled with blood, in which case it will have a dirty brown color. Not infrequently, small bony particles are found. The presence of the bacilli in such pus is not easy to demonstrate microscopically, but on culture the pus of cold abscesses yields a quantity of the characteristic bacilli. The pyogenic cocci are rarely seen in the cold abscess before it is opened; according to many authorities, they are never found in them. Rapid rise of temperature and increase of hectic fever accompany the infection of such an abscess by the pus-cocci when an abscess is allowed to break or is opened without the strictest antiseptic precautions.

The walls of such abscesses have a very characteristic appearance, being covered by the so-called tuberculous membrane described originally by Volkmann.

Ziegler, General Pathology, American edition, translated from the eighth revised German, 1895, says on page 300:

"Chronic abscesses generally result from acute abscesses, and have the same etiology, but may, however, develop more gradually, and are then caused by special infections, general tuberculosis or actinomycosis," and on page 149: "Some of the suppurations that occur in tuberculous foci are to be attributed to mixed or secondary infections, with the pus-cocci; still, tuberculous foci may break up into a mass which resembles ordinary pus, but yet does not contain well-preserved pus corpuscles; instead, there are fatty and broken up cells, and granular tissue detritus: i. e., the conditions are those of a cold abscess.

Delafield and Prudden, Handbook of Pathological Anatomy and Histology, sixth edition, 1901, say on page 228: "While the so-called cold abscesses may be caused by tubercle bacillus alone, this germ is not infrequently found under these conditions to be associated with other pyogenic micro-organisms, especially the streptococcus and the staphylococcus," and on page 181: "While many species of microbes are capable under favorable conditions of inciting suppuration and other forms of exudative inflammation and may when their toxins are disseminated in the body give rise to toxaemia, septicaemia and pyaemia, there are two forms which, on account of their early discovery and their relative frequency are commonly considered as par excellence 'pyogenic bacteria.' These are the staphylococci and streptococci."

Enough has been said to prove that "cold abscesses" are really collections of tuberculous materials, that they are primarily sterile in the sense that they do not contain pyogenic bacteria, but that mixed or secondary infections frequently occur, and our clinical experience teaches us that when this infection does occur, it produces well marked and characteristic changes in the condition of the abscess and of the patient.

The abscess may rapidly increase in size, it becomes hot instead of cold, and local heat may be considerable. It becomes painful, where before the patient may have been unaware of its presence. It becomes tense where it was formerly soft. The tissues about it become reddened where they were formerly pale, and the enlarged bluish veins so frequently seen over these abscesses disappear or are less prominent, owing to the redness of the superficial parts.

If the infection is due to streptococci, the redness may extend considerably from the site of the abscess and cause the parts to look as if invaded by erysipelas or the lymphatics may become enlarged and

neighboring glands increase in size. The constitutional symptoms are no less marked. A child with hip joint disease and a cold abscess whose morning temperature is normal and with only a half or one degree evening rise or even a normal evening temperature may be taken with chill, followed by a high fever and all the symptoms of a severe sepsis, or it may be that the increase in temperature is slight and the chill absent, and the temperature chart and pulse count be only slightly changed. If the cases are watched carefully, the time of the pus infection can usually be made out, and it is nearly always possible, by a careful study of these cases, to say whether the abscesses are sterile or infected. If the constitutional symptoms give no indications, the examination of fluid withdrawn from the abscess cavity will demonstrate the presence of the pyogenic bacteria. A leucocyte count may be of value as in tuberculosis there is no leucocytosis, while in inflections from pyogenic bacteria it is increased. With this clear idea of the conditions we have to deal with, at the Hospital for the Relief of the Ruptured and Crippled in New York City, a plan of treatment is now carried out which I desire to present for your consideration, and which is simplicity itself, and which is based entirely on the conditions present when the case is seen.

All cases are treated constitutionally if there is any indication for such treatment, and the local disease carefully attended to. The more efficient the local treatment of bone and joint tuberculosis the less frequent are abscesses. is the firm belief of most orthopedis surgeons of today, so that the prevention of abscesses by such treatment must be the aim of every one

As soon as an abscess is detected the child is kept quiet—not necessarily put to bed, but cautioned against undue exercise, and as soon as possible aspiration is practiced. This is done with the utmost care as to asceptic precautions. The skin over the abscess is cleansed as if for an operation, the needles are boiled and the operator thoroughly cleanses his hands and uses sterile rubber gloves. A moderately large needle is used, and sterile gauze placed over the opening made by the needle. Sterile dressings are applied and over this a firm compress held in place by a bandage. As often as the abscess refills, aspiration is again practiced, providing the abscess remains sterile. If the needle becomes clogged, a small amount of sterile normal salt solution, slightly warmed, is forced through the needle, and the obstructing plug of tissue is often thus gotten out of the way and the fluid contents of the abscess evacuated. If the abscess becomes infected it is at once opened by incision and washed out with sterile water or with sterile salt solution, and every effort made to keep it clean. Sterile dressings are applied, and if the incision is a very long one, a portion of it is sewed, to prevent

gaping, and sterile gauze or a drainage tube introduced. Subsequent dressings are made with every possible care, and every precaution taken to prevent infection at the time of dressing. Despite every possible care, if a case has to be frequently dressed, infection is likely to occur. If the abscess is not already infected when opened, if any form of drainage is used, infection will almost certainly take place when the drainings are changed, and that is the reason that many surgeons protest against opening. Some even believe that if they open spontaneously they do better than when incised, but it is difficult to understand why this should be.

We do know that many cold abscesses are absorbed, caseation, sometimes calcification, occurs, and in many it is simply impossible to detect the site of a large abscess after its absorption, and unless there is danger of its breaking into an articulation or it interferes with the application of a suitable brace, in the writer's opinion no sterile cold abscess should be incised unless aspiration has failed. The danger of addng sepsis to tuberculosis must always be borne in mind, and the writer can recall several cases where the patients were suffering no inconvenience, had no symptoms, whose temperature was normal, and who did not consider the abscess of any special significance, whose death promptly followed its incision, due either to septicaemia or pyaemia.

The danger of septic infection in abscesses is a matter that is of extreme importance, and when we have a sterile collection in an adult, it becomes a very serious question in many cases whether it is not advisable to leave this purulent collection untreated, or aspirate only, rather than open and run the risk of septic infection. It is a well-known fact that adults do not bear sepsis as well as children; and, is has been stated before, the danger of infection after the operation is extremely great. This applies particularly to those chronic abscesses which have lasted for years, without producing any symptoms. They have not increased much in size, they do not interfere with the action of a brace; and they are oftimes of no significance whatever, as far as the progress of the disease is concerned. After reopening, they become infected, and it is impossible to close them. New incisions are made for better drainage, and finally death from exhaustion follows the septic infection—in some cases very rapidly, in others after the lapse of weeks, or months.

This is especially so in the old cases of Potts' Disease, and the opening of these pelvic abscesses, therefore is a subject that should be approached with considerable care. Most authorities today believe that if it is necessary to open them, they do better with a single incision either in front or behind than with the incisions both in front and behind, with through and through drainage.

If the cold abscess is infected when first seen, it should be promptly opened. Aspiration is of no benefit in such cases, and is harmful because it does not promptly remove and drain away the materials that are causing the patient's symptoms. Many surgeons object to aspiration because it frequently fails, and in many of these cases it is more the fault of the surgeon than of the aspirator. That it fails to cause a certain number of abscesses to entirely disappear is also no argument against its use, because if by its use the abscess has not been infected, no harm has been done, and if the fluid contents of an abscess cavity find their way to the surface by a sinus made by the needle, they do more damage than if they force their way there by burrowing or by an incision. Because the aspirator occasionally fails to remove the contents of an abscess when they are cheesy or too thick to pass through the needle is no reason to cast it aside as a useless instrument. It is also a well-known clinical fact that these very thick, cheesy masses are not so commonly infected as are the fluid contents and abscesses filled with such materials are usually in process of cure, although they may become infected and require immediate opening

If, however, it is considered advisable to open a sterile abscess, it should be done under strict aseptic precautions, and after thoroughly cleansing and removing the sac membrane, the wound should be closed by catgut or silk sutures. Many cases so treated have done well, but the incision wound must not be closed tight unless we are sure of our asepsis.

With the assistance of Dr. W. T. Berry, the House Surgeon, I have analyzed the history of every child in the hospital March 31, 1902, who at any time previous has had an abscess treated by aspiration. The total number was thirty-six, and of these I beg to quote the histories of the following cases:

Male, aged 4, admitted July 11, 1901. Disease of the right hip Had worn plaster paris spica one month and brace seven months prior to admission.

July 14, 1901. Aspirated abscess on outer and upper aspect right thigh.

March 30, 1902. No sign of abscess. General condition good. Wearing hip splint. A. G. E. 180. A. G. F. 160.

Male, age 10. Admitted to hospital January 14, 1902. Had hip disease nine months prior to admission. Treated with hip splint.

January 15, 1902. Aspirated and three ounces of fluid evacuated from abscess on inner aspect of the right hip. Aspirated again on February 22, 1902, and six ounces of fluid removed.

March 30, 1902. No sign of abscess. General condition good. A. G. E. 180. A. G. F. 140.

Male, age 5. Admitted to hospital February 7, 1902. Disease lower dorsal region with Psoas abscess in right iliac fosa.

February 8. 1902. Aspirated, and two ounces of fluid removed. Plaster of paris jacket applied.

March 30, 1902. No sign of abscess. General condition good.

Male, age 6. Admitted to hospital April 5, 1901. Potts' Disease, involving 9th, 10th and 11th dorsal vertebrae. January 20, 1902, aspirated.

March 30, 1902. No sign of abscess. General condition good. Wearing Knight spinal brace.

Male, age 7. Admitted January 24, 1902. Pott's Disease, involving 9th and 10th dorsal vertebrae. January 20, 1902, aspirated. Psoas abscess in iliac fossa, posteriorly.

March 30, 1902. No sign of abscess. Wearing Taylor spinal brace. General condition good.

Male, age7. Admitted January 7, 1901. Has had hip disease for several years Been wearing hip splint during that time. Aspirated on February 1st; March 15th; and March 29th, 1901. March 31, 1902. No sign of abscess. Doing well.

Female. Age 5. Admitted February 19, 1897. Potts Disease. November 1, 1900. Developed Ostitis both knees, with adscess on outer side of left knee, which was aspirated and has never refilled. March 30, 1902. No sign of abscess. General condition good.

Female, age 8. Admitted February 7, 1901.

March 13, 1902, developed abscess on outer side of left thigh, which was aspirated and half an ounce of fluid removed. Abscess cavity evidently not emptied, and on March 30th same condition present as on March 13th. No signs of infection.

Male, age 10. Admitted January 21, 1902. Disease of left hip. Abscess on outer side of thigh.

Aspirated February 8th and February 26th, and two ounces of fluid removed each time.

March 31, 1902. No sign of abscess.

Female, age 4. Admitted June 17, 1901. Left hip disease. One year's duration. Aspirated February 6, 1902. Abscess on outer side of thigh. One ounce of fluid removed.

March 31, 1902. No sign of abscess.

Of these ten cases, nine were cured, and while a very small number may again develop abscesses, we can say from past experience in other cases that if the abscess does not promptly refill, it rarely does so, and that if the fluid contents are entirely removed, and if perfectly sterile, the danger from another abscess at the same point, or from subsequent infection, is slight.

Nine of these were cured by aspiration alone, or over thirty per cent.

of the total. Of the twenty-seven cases remaining, one, whose history is here quoted, may still be cured by aspiration; and of the remaining cases, one died a few weeks after the abscess had been aspirated. The abscess had not refilled, but we do not include this case in the list of cures by aspiration.

Of the remaining twenty-five, twelve opened spontaneously, and of these twelve, none have since closed. The average time that they have been open has been a little over three months.

Of eleven cases incised, nine still have sinuses, and two are completely closed. Of the cases that opened spontaneously, two went on to excision, and in both instances the patient subsequently died from exhaustion. The proportion of amyloid changes has been very slight in these cases, and it can be said that today all of them are doing well. It must always be remembered that cold abscesses are usually a complication of tuberculous joint disease, and that apart from the abscess complication, in many of them the disease is progressive and would cause fatal result without the abscess; and when we consider that many of these children have not only tuberculosis, but sepsis as well, the results seem particularly good.

Summed up in a few words, the treatment recommended is:

1. Carefully treat the joint disease.
2. If abscess appears, endeavor to keep it sterile.
3. Aspiration, unless there is some indication for incision.
4. If the abscess is sterile and incision is decided upon, do so under strict aseptic precautions.
5. If abscess becomes infected, open at once.
6. Use sterile water or sterile salt solution for cleansing the cavity, in both the sterile and the infected cases.

CERTAIN NEWER USES OF ELECTRICITY IN MEDICINE AND SURGERY.*

By G. Betton Massey, M.D.,

PHILADELPHIA.

In thanking you for the compliment conveyed in the invitation to address the Association I wish to express full appreciation of the honor conferred upon me. To meet southern medical men is indeed a pleasure to one who, if only for a brief period of a few months, was once one of them, and who still has many ties of kinship in a neighboring State, for in spite of the happy political unity of our country an agreeable sectionalism may be noted in the stimulating medical atmosphere of the Southern States, an atmosphere that has

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not only produced intellectual giants at home, but has contributed many of the best specimens of medical culture to northern and western cities. It is as an antidote, indeed, to the overzealous work of the followers of your own Marion Sims that much of my labor has tended, and, as it is an axiom in medicine that the remedy should reach the original site of the disease, it is but appropriate that the claims of conservatism in gynecology should be forcibly presented in Alabama.

Before adverting to the newer conceptions of the part to be played by electricity in the field first occupied by your noble fellow citizen I wish to speak of the modern views of the mode of action of this remedy.

No longer confined to the neuro-muscular stimulation of the older neurologists, medical electricity has within the past ten years made advances that are at least commensurate with its wonderful progress in transportation and other commercial and industrial uses. Analyzing these medical advances I may say that the chief factor has been the recognition of the power of this agent to modify the chemical interchanges of the tissues themselves, rather than the nerves. For instance, the value of electric currents in gynecology is now known to be largely due to their action on the tissue-cells—a stimulation of katabolism in the parenchyma of organs. This explains why the proper interval between galvanic applications to an enlarged uterus or inflamed appendages is important, permitting a proper anabolism, or building up effect, to succeed the destructive chemistry forced upon them.

The field of electricity in gynecology is a most valuable one because of the freedom with which we can thus set in motion these salutary trophic changes in congested, inflamed or hypertrophied organs. The same work can be done elsewhere in the body, particularly in the skin, for instance, but is peculiarly valuable in the pelvic organs by reason of the frequency of degenerative processes in this situation and of the fact that we can employ comparatively large currents in this region without pain.

With this key to our work it is readily seen that the trained office practitioner can do much for the cure of most uterine, tubal and ovarian affections, particularly when it is recalled that the great majority of the chronic affections of these organs are resultants of inflammatory processes. We are here, as office consultants and practitioners, called upon to combat the effects of microbic invasions rather than the microbic-phagocytic contest itself. It is as a stimulant of absorption, regeneration and tone that results are gained.

He who has this remedy in his armament will therefore approach the daily problems of the gynecologist with a different mental atti-

tude from that now so unfortunately prevalent; his thought will be of re-construction, not destruction, and his goal, the restoration of function by restoring organs to their normal physiologic activities.

And let me pause here and point out the importance of the little ailments of women, those that trouble the poorly developed girl at every recurring period, as well as those that sap the cheerfulness, comfort and vigor of the young wife and mother. The standard works of the surgical writers deal freely with dysmenorrhoea, but what are the remedies offered? We are told to dilate the cervix when it has been proven again and again that no true obstruction exists, that accumulation of menstrual fluids never occurs in these cases, and that the seat of the morbid function is as often in the ovarian nerves as in the catarrhal uterus. The way to a lasting cure is by the chemical stimulation of the endometrium by galvanic currents in catarrhal cases, or by a stimulation of the whole pelvic circulation by vaginal applications in the ovarian cases.

The skill required in employing this extremely valuable treatment is shown chiefly in deciding when to use an intra-uterine application and when to direct the remedy through the ovary, with the active electrode in the latter case in the vagina. The intrauterine application should be restricted to catarrhal and hyperaesthetic cavities and in the absence of ovarian disease, and in these classes is quickly curative. But it is in the graver cases, with ovarian involvment, that the best results flow from electrical treatment, even though the results may be tedious in realization, for it is in this class that we can save ovaries from the inevitable operation that has ruined the lives of so many women. Of late I have added cataphoresis of mercury through the vaginal well to the purely electric method in this class, with the result of shortening the treatment one half. This latter method will even result at times in the resolution of chronic salpingitis, the mucopurulent collection in the tubes finally draining away through the uterus.

And now as to the little troubles that sap the cheerfulness, comfort and vigor of the young wife and mother. We specialists do not see these cases at this stage. But little indeed is said of them in the books, so much space must be given to the great operations. Yet the happiness of the American family is largely dependent upon the ability of physicians to conduct a woman healthfully through her procreative life. For some reason or reasons, possibly corset wearing, heavy underclothing, La Grippe, or bad sexual and general hygiene, the average woman does not come up to the standard of the Israelitish women in Ancient Egypt. Subinvolution is the rule rather than the exception, and the young woman leads a miserable existence from one

confinement to another. These women have a right to demand of us comfort and happiness as well as mere life. The civilized law of monogamous marriage is often at stake.

In electricity we have the surest remedy for these abnormal conditions and their consequences, and it is most fortunate that the technical methods of application are the simplest in these cases. Mere vaginal faradic applications are useful even, since the conditions to be combatted are largely vasomoter and muscular.

Greater skill is required in the successful treatment of chronic metritis, and particularly of inflammatory diseases of the appendages. Simple metritis, when treated by the galvanic current, becomes the most curable catarrhal affection of any portion of the body, and in view of this fact it is incomprehensible to me that many physicians still persist in the use of the dangerous sharp curette in this affection.

The electric treatment of fibroid tumors remains the method of choice if the tumor has not degenerated, if it is not excessively large and thus a mortifying deformity, and if the patient prefers a long and tedious treatment ending in a permanent shrinkage to one-half or one-quarter its size, with a possibility of disappearance, rather than a dangerous operation that, if successful, leaves her unsexed and probably ruptured. In a large experience with the Apostoli treatment of fibroids I can recall but two or three failures to arrest the growth, due to inflamed appendages, all other cases suitable to the treatment being rendered comfortable for life by an arrest and reduction of the growth. An unimportant lump of fibroid tissue remains in the uterus generally, it is true, but it gives no further trouble, and the woman continues in possession of her bodily organs. All hemorrhagic conditions were cured and some tumors disappeared by absorption. In my opinion every town and city in this country should have an expert devoted to this work.

All work in electro-gynecology requires time and technic but is none the less important, for it is our duty to bring our best efforts to the service of our patients, even though tedious to ourselves.

I now wish to allude briefly to that recent discovery of my own which is sufficiently quick in results to command attention from mere surgeons as well as physicians. I allude to the destruction of cancers and sterilization of the tissues surrounding them by mercuric cataphoresis.

In this process or operation electric currents of ample power are made to convert quicksilver inserted within the cancer into soluble oxychlorides and diffuse the latter not only throughout the infected area, but also far enough beyond it to sterilize the latent cells at some distance from the apparent limits of the growth. These results are

accomplished at one application if possible, the large current required usually necessitating that the patient be under a general anesthetic for a period varying from fifteen minutes to three hours. While the current is flowing the growth turns grayish, softens, loses vitality, a marked feature being the immediate disappearance of the brawny induration of malignancy. An inodorous, aseptic and painless slough is produced, coterminous with the growth, surrounded by a region of irritative sterilization, the slough coming away in fourteen to twenty-one days, leaving a healthy cavity to heal by granulation. Aside from its bloodlessness and painless after-effects, the chief advantages of this method that ensure freedom from recurrence are: all affected cells are killed, leaving none for re-implantation in cut edges; the region beyond the cancer proper is freed from cancer cells without destruction of healthy tissue; and the method may be used where the knife cannot reach the seat of disease. In applying it to fifty cases, usually exceedingly desperate instances of this terrible disease, I have met with 32 per cent. of cures, 57 per cent. of temporary palliations and a mortality of 14 per cent. A most valuable future is predicted for this method when its full capacities are developed.

Finally I should add that a minor variety of this procedure has been successfully applied to four cases of tubercular glands of the neck. In this application of mercuric cataphorisis to the sterilization of tubercular glands and abcessess a general anesthetic is unnecessary, an opening being made into the gland and a tiny gold tube coated with quicksilver inserted under the ordinary chloride of ethyl spray. Repeated applications of this method with very small currents result in complete sterilization of the affected area and final closure of the wound with a scar no larger than a pin head. The patients invariably recover strength and health rapidly under these applications, which form a definite mode of curing tuberculosis in accessible portions of the body.

Of the possibilities of this method in the immediate cure of chancre and late syphilitic deposits, and in the immediate destruction of carbuncles, etc., I can only make a favorable prediction, not having had an opportunity to test them.

THE MEDICAL AND LEGAL PROFESSION AND THEIR RELATION TO EACH OTHER.*

By Hon. John B. Duke,

LAFAYETTE, ALA.

When I come to consider the two leading professions of the world and their relation to each other, the problems which they have solved, and those hidden truths which yet remain to be found, and the great

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responsibility involved, my mind naturally reverts to the beginning, when God Almighty threw out from His fingers into space the worlds which constitute this universe, and when all was completed, in His omnipotence said, "Let there be light;" and there was light. Standing today above the soil instinct with His life-giving touch—a soil beneath which He has placed an inexhaustible supply of mineral wealth, which has been the means of building one of the most splendid cities of the South, the extent of whose future growth the world is at a loss to conceive, I am so forcibly reminded of the power, the magnificence, the grandeur, the sublimity of it all, that I am forced to exclaim, "How paltry are the thoughts, how insignificant the efforts of man!" And instead of confining myself to the thoughts and efforts of humanity, I am tempted to spend the time allotted me in extolling the glories of an omnipotent God. But I must come back to earth and my subject; and in so doing I am reminded of the thoughts of another: 'God Almighty is supreme in his power, His goodness and his wisdom. There is nothing so great or so insignificant that has not received the touch of His plastic hand. He created the heavens, and he created the earth; He made the ocean and He made a dewdrop; He made the lion, and He made an ant; He made the anaconda, and He made the caterpillar; He made the ostrich, and He made a sparrow; He made the doctor, and He made a daisy; He made a lawyer, and He made another.'

Having made us as above set forth, and with all the other creations of His mighty hand, it is not supposed that He intended us to be the exception to the truth that, God never created a useless thing in all His universe. That the Almighty intended the two professions to exist and to be of great good to the human race, is exemplified in the fact that Moses, the great lawgiver, saved God's chosen people from perpetual bondage; and the Divine Healer was the Saviour of the world. Regarding as I do that it was intended by the Supreme Being that the two professions should do much towards the preservation of the life, the health, the prosperity and the happiness of mankind, I, as an humble member of the legal profession, feel that there is an awful responsibility upon the members of these two professions as they go hand in hand for the amelioration and betterment of the condition of the human race. We stand, as it were, as sentinels upon the watchtower of life, human liberty and human progress. All along the varied scenes of our lives, we constantly hear the cry, "Watchman, what of the night?"

Wherever human life is tottering in the balance between disease and human skill, the place of the physician is there—to use all the powers of his mind in applying the remedies of an advanced science, to exercise all the skill known to a student of human nature to keep the patient's mind in proper frame, and, in short, if in the power of human agency,

to give that relief to patient, to family and friends, which no other earthly power can give. Whenever the little blue-eyed boy or curly-haired girl is stricken down with disease and a scorching fever heats its little brow and racks its brain, what other name sounds so soothing to an anxious parent as that of "Doctor?" How eagerly is watched his every movement and expression of countenance, as he feels the pulse and smooths back the locks of the little one. How earnestly each one around the sick bed tries to divine "what the doctor really thinks about the case." Of course he knows all about it and what will be the ultimate outcome. It is expected that he should know it, and he does. And so he feels the pulse and looks knowingly and ominously. There is usually no one present who knows anything about medicine but himself, except possibly some old woman with whom he invariably agrees; and so, when he states a proposition, he is not continually annoyed, as the lawyer is, with the ever-present "I object." When the patient recovers, the doctor's praises are sung by the family, and if the bill is presented before the feeling of gratitude dies out, he may be able to collect something near what his services are worth. But he takes his fee, marks the bill "settled," and to the cry of "Watchman, what of the night?" he is able to answer "All's well." He is in love with his profession, and, if he is the right kind of a physician, he is not working for money alone, but to him the restoration of life and health of a human being is worth infinitely more than money. There is a wealth of comfort to him in the fact that his theory of the case was correct; that the means which he used were the proper ones; that the science put into practice, if old, has been re-established, and, if new, has been exemplified. He goes back to his office, orhis home, with hope in his mind and joy in his heart, resolved to get a yet further hold on his profession, and in the silence of his chamber to an enquiring conscience, he answers, 'All's well."

Whenever, through the enragement of passion, the excitement of drink, the avenging of some great wrong to loved ones, or in defence of self, a human soul has been sent to its final home, the services of a skilful lawyer are in demand to defend the slayer. All the skill of his trained intellect is brought into requisition. He spends days and sleepless nights thinking and worrying over the defence in the hope that his client may be saved and justice vindicated. For no lawyer ever had a client that was really guilty. He pores over his books looking for principle or precedent to establish his theory of the case. In his intense ardor in the cause of human life and human liberty he is absolutely absorbed in the cause of his client. Belief in his innocence becomes so firmly fixed in his mind that he feels that he will be responsible if his client is not acquitted. The time comes for the trial. The attorney

does all that he can in the trial of the case, and the jury retire to consider their verdict. Court perhaps adjourns till morning. Others go to sleep—perhaps the prisoner himself. Does the attorney sleep? Not for an hour. He walks the floor of his chamber. His wife wants to know if he is sick. He tells her "Not much," and goes to another room and tries to sleep, but in vain. At last morning comes. Court opens; the jury file in; the clerk receives their verdict, and the words "Not guilty" are heard. The attorney smiles as though it was nothing but what he expected. His client grasps him by the hand and his brother lawyers congratulate him. He gets his fee—lawyers usually do that. But that is not half the remuneration he receives. He goes to his office rejoicing in the fact that his theory of the case was correct He was sustained by the judge and the jury, and he has been the humble instrument in giving life and liberty to an innocent human being. He resolves in his mind to climb yet higher in his profession. And in the silence of his chamber to that voice which asks, "Watchman, what of the night?" he answers, "All's well."

It is not unfrequent that in the practice of one of these great professions the other is called into requisition. Sometimes in the practice of medicine the skill of the physician fails and the patient is reminded that all will soon be over. An attorney is sent for, and the sick man disposes of all his worldly goods by his last will and testament. It has been suggested that it would be well for the doctor to inform himself on the law of wills that he might be able to write the will of his patient in case of emergency. This would call for the further suggestion that the less a doctor knows about medicine, the more he ought to know about the law of wills. It has been gravely questioned, however, whether a current rumor that a physician was preparing himself thoroughly to write wills for his patients would enhance the number of his patients.

Quite often in the trial of causes the medical expert is needed, and it is always the desire of courts of justice that the best informed and the most truthful and conscientious doctors should be called. Medical jurisprudence is defined as "that science which teaches the application of every branch of medical knowledge to the purposes of the law." Anatomy, physiology, medicine, surgery, chemistry and physics lend their aid as necessity arises; and in some cases all these branches of science are required to enable a court of law to arrive at a proper conclusion on a contested question affecting life or property.

The subject of medico-legal knowledge should be studied by every practitioner of either profession, and the best authors on the subject should have our most careful attention. From perusing the writings of a most eminent author I have been enabled to cull some thoughts that

are worthy of consideration on this question of medico-legal knowledge and its great importance to the world. 'The variety of subjects which a medical man is required to have knowledge may well alarm a student, and lead him to suppose that, as he cannot make himself perfectly acquainted with all, he may well forego the labor of preparing himself in any. But this would be taking an erroneous view of his position. This description of the qualifications necessary to constitute a normal witness in a court of law must not deter him from entering upon his study. It is assuredly beyond the mental power of any individual that he should be at the same time profoundly versed in all the principles of medicine and jurisprudence, and that he should be able to answer all possible questions and encounter and remove all medical difficulties that may occur during the trial of a civil or criminal case. All that the law expects from a man is a fair average knowledge, not merely of his profession, but also that which falls under the province of a medical witness. There can be no doubt that the more perfectly a man has made himself master of his profession, the better will he be fitted for the duties of a medical witness. But notwithstanding this, the duties of a medical witness are distinct from that of a physician or surgeon; the latter looks only to the treatment of disease or accident and the saving of life; but the object of the former, in a large portion of cases is, whether in reference to the living or dead, to aid the law in fixing on the perpetrator of a crime, or to rescue an innocent person from a falsely imputed crime. Thus he may be required to determine in a particular case, whether cause of death is natural or violent; and for this purpose it will be necessary for him to make an entirely new application of his professional knowledge. He has now the difficult task of making a selection from those parts of the medical sciences which bear upon the legal proof and development of crime.

'Some members of the profession have been inclined to look upon medico-legal practice as an unnecessary addition to their ordinary duties; but there are few who have been long engaged in practice, who have not found themselves occasionally placed in situations of difficulty from the accidental occurrence of causes demanding medico-legal investigation. A medical man is summoned to attend a man suffering from the effects of poison criminally administered, but at the time he may have no knowledge, or even suspicion, that poison is the cause of the symptoms. In spite of the best treatment, death ensues; here the functions of the medical practitioner end, and those of the medical witness begin. It is entirely impossible that he can now avoid giving evidence, or shift the responsibility on another; the law will insist on his appearance in court. It will here be assumed that, as a licensed member of his profession, he is fully competent to answer every question

put to him by the court or the attorneys relative to the general effects of poisons, the quantity required to destroy life, and the time in which a poison may prove fatal. It may be objected to this evidence that the deceased had died from the effects of disease, and not from poison; in which case the cross-examination will lead to a searching inquiry into all those diseases which resemble poison in their symptoms and post-mortem appearances, as well as the means of making a certain distinction between them; and the fallacies to which the chemical processes for the detection of poison are liable.'

'On another occasion a medical man may be called to render assistance to one who has been stabbed in a quarrel, and who speedily dies from the wound. The office of the surgeon here ceases, while that of the medical jurist commences. He must now be prepared to answer numerous questions, all bearing upon the legal proof of crime, all necessary in law, although apparently superfluous in surgery. Thus he may be asked to state the precise character of a wound inflicted upon the body of a man soon after death; and by what means a particular wound was inflicted. Was it homicidal or accidental? The amount of blood lost? Whether the person could have moved or performed any act after receiving it? Are certain red spots found upon his clothes, or upon a knife belonging to him, owing to effused blood, or other causes? Whether any and what statements were made by the dying man? And what were the precise circumstances under which they were made? It need hardly be observed that questions of this nature are rarely noticed, except in a cursory manner, by professors of chemistry or surgery, and a medical man is not likely to acquire the means of answering them by intuition. On the other hand, regarding ourselves as living in a civilized state, in which the detection and punishment of crime against life and property are indispensable to the security of all, it is impossible to overrate their importance. Unless a witness in able to return answers to these questions when a public necessity occurs, a guilty man may escape punishment, while an innocent man may be condemned. He may thus seriously injure his own reputation, for it is certain that his qualifications as a physician, surgeon or general practitioner, however great, will not shield him from general censure. Thus, then, it is obvious that the duties of a medical jurist are of a highly responsible nature and of great importance to society, while the cases which call them into exercise are of purely accidental occurrence. A medical practitioner who thinks himself secure in the most retired corner of the State, is liable to find himself suddenly summoned as a witness on a trial to answer questions which, perhaps, during a long period of practice, he has been led to regard as unimportant. Under the circumstances, it is scarcely possible that he can avoid exposing his deficiencies, and the

final queston will be, 'Have you ever attended to or thought of these questions before?' A negative answer to this question, while it commonly brings with it public censure, will in most cases lead to an erroneous verdict of the jury as to the guilt or innocence of the prisoner at the bar.'

The records of courts of law contain many unfortunate exposures, which might have been easily avoided, had the witnesses only availed themselves of the opportunities afforded them of acquiring a knowledge of the subject.

'Some medical men who have treated legal medicine with indifference have occasionally ventured to act as witnesses, thinking that the subject upon which they were likely to be examined was so little known to judge and counsel, that even hazardous or rash statements would escape observation. Such witnesses, however, have found to their cost that they were laboring under a fatal delusion. Various circumstances have led in recent times to the acquisition of much medico-legal knowledge by lawyers, especially in relation to questions of wounds, child-murder, poisoning and insanity, and they are not slow in detecting and exposing a mere pretender who attempts to shield himself by vague or evasive statements and technical language. Another fact must be borne in mind: there are few lawyers engaged in any civil or criminal case of importance who do not fortify themselves under medical advice, with a full knowledge of the views of standard medical writers on the subject in dispute; and with these books before them, he must, indeed, be a clever witness who can succeed in passing off an evasive answer to a medico-legal question. So the great importance of a thorough study of medico-legal questions is apparent; and it is necessary to the absolute success of a medical practitioner.'

Frequently the life or death of the prisoner at the bar depends upon the testimony of some physician or surgeon who never saw the prisoner before the day of trial and who knows nothing whatever of the facts of the case, except from what is stated to him by the attorneys or the court in hypothetical questions. The responsibility that thus falls upon the medical practitioner is not the same as that of an ordinary witness. It is to his knowledge of the science which he professes to know and to his truthfulness and honesty that courts must look for the dispensing of justice which would otherwise become uncertain and unreliable in the extreme. While so great responsibility attaches to the testimony of an expert witness, he having spent a life-time in qualifying himself for the successful practicing of his profession, his services and his opinion are infinitely more valuable than the testimony of any other character of witness. Testifying, as he does, to theories or science, and not to the facts of the case, it has been held by the courts in many of the States

than when a medical or other expert witness is called in a case, he has a right to fees for his opinion in addition to the compensation of an ordinary witness. In the State of Alabama, however, it is held by our Supreme Court that an expert witness owes it to justice to tell what he knows of his science relative to the administration of the law, without any compensation, except the per diem and mileage of an ordinary witness. While it is perfectly fair and right that every man should be forced to tell from the stand what he knows of the facts of a case, it is a matter of grave doubt whether a medical man should be forced to attend the trial of any case where he knows nothing of the facts and give his time and the benefit of his knowledge acquired after years of study and labor and receive nothing for it but the fees of a witness to facts. The statement of the facts suggests the advisability of some legislation on the subject.

While to the casual observer it may not so appear, yet the science of medicine and the science of the law are so interwoven that, like the succession of day and night, it is impossible to always ascertain precisely where the one ends and the other begins. Take, for instance, the subject of a diseased mind. While the medical man delves into his occult science to find a cause for insanity, and ascertains the symptoms of the disease, the man of the law takes up these symptoms and applies to them legal rules of responsibility; and the world does not understand to which of these two professions the subject properly belongs. The student of this subject, however, understands that the achievement in this great branch of learning has been accomplished by the efforts of both the student of medical science and the apostle of the law: and it has been a matter of difficulty sometimes to determine which has done the greater part. A few years ago a masterly opinion of the Supreme Court of Alabama was delivered by an eminent member of that learned trio then on the Supreme Bench. The opinion went out on new lines on the subject of insanity; it struck down some of the old but faulty theories on this subject—principally among which was the right and wrong test of insanity—and the legal world wondered at the great research and the profound learning the opinion disclosed. The distinguished jurist took his place among the great medico-legal writers of the day, yet it is thought by many best acquainted with the facts that a great deal of praise is due to Dr. Brice for the great aid he rendered the learned jurist in this masterly piece of reasoning and research which has given the judicial world a more sensible and reasonable theory of insanity as a defense for crime. It is due to the learning of both of these great men that the opinion in the Parsons case was given to the world, and the fact that it is quoted today as a leading case on that subject is a compliment to the one as well as to the other. Judge Somerville in this decision holds that the old theory of criminal re-

sponsibility depends upon whether the perpetrator of the crime knew right from wrong, is not good. For a long time the leading case on the subject of insanity as a defense for crime was the celebrated McNaghten's case, decided in 1843 by the English House of Lords. It was decided by the judges in that case that in order to free one from legal responsibility for his acts, it must be shown that at the time of committing the offense, he was laboring under such a defect of reason, from disease of the mind, as not to know the nature and quality of the act which he was doing, or if he did, not to know that what he was doing was wrong. This rule had been adhered to by the general current of English and American adjudications until the Parsons case was handed down by the Alabama Supreme Court in the year 1886. Science had led the way from the faulty theory of the McNaghten case, but the courts theretofore had refused to follow the lead of science, and so late as the year 1862 the Lord Chancellor of England made the strange declaration that, "the introduction of medical opinions and medical theories into this subject has proceeded upon the vicious principle of considering insanity as a disease." There is no doubt that under the ancient theory of the right and wrong test of insanity and the tendency of courts to regard insanity, not as a disease, but as a result of a demoniacal possession and the insane as the self-made victims of evil passions, "the memorials of our jurisprudence are written all over with cases in which those who are now understood to have been insane, have been executed as criminals." In the celebrated case of the United States vs. Guiteau, still fresh in the memory of many present, the defendant was charged with the murder of James A. Garfield, then President of the United States, which occurred in July, 1881. The accused himself testified that he was impelled to commit the act of killing by inspiration from the Almighty, in order, as he declared, "to unite the two factions of the Republican party and thereby save the government from going into the hands of ex-rebels and their Northern allies." In the light of the present day, it is not to be wondered at that many who read the proceedings of that famous trial have come to the conclusion that the poor devil who took the life of Garfield was no more responsible for the act than a helpless babe. That the capacity to distinguish right from wrong is not a fair test of insanity is demonstrated by the fact that quite frequently an insane person committing a crime will show great ingenuity in concealing the crime and in covering up his tracks, after the crime has been committed. A few years ago in England, woman after woman was disemboweled and it was impossible to ascertain and overtake the murderer, so skillfully were his crimes committed and all trace of him concealed. His crimes were all committed in the same manner and apparently without motive. Yet,

with all this evidence of shrewdness and skill many prominent experts on insanity believe that this person was insane.

In the now famous Parsons case the distinguished jurist delivered the opinion of the court lays down the following inquiries which he says should be submitted to every jury empaneled to try a criminal case when insanity is set up as a defense: 1st. Was the defendant at the time of the alleged crime, as a matter of fact, afflicted with a disease of the mind, so as to be idiotic, or otherwise insane? 2nd. If such be the case, did he know right from wrong as applied to the particular act in question? If he did not have such knowledge he is not legally responsible. 3rd. If he did have such knowledge, he may nevertheless not be legally responsible, if the two following conditions occur: (1) If by reason of the duress of such mental disease, he had so far lost the power to choose between the right and wrong, and to avoid the act in question, as that his free agency was at the time destroyed. (2) And if, at the same time, the alleged crime was so connected with such mental disease, in the relation of cause and effect, as to have been the product of it solely.

The above rules laid down in the Parsons case, after a long course of reasoning, will in future furnish a true guide for the trial of those criminals who seek to avoid responsibility on account of mental derangement; and for the investigation, thought and learning which brought forth the just and enlightened principles here enunciated the medical profession is entitled to no less of credit than is due the law.

The similarity of the two professions is greater than at first thought would appear. The doctor and the lawyer each is paid fees for his services. The amount of the fees of each is dependent upon the nature and importance of the case and the ability of the patient or client to pay, as, notwithstanding the adverse criticisms some times made about our charges, the doctor or lawyer will always fix the amount of his fees according to the ability of his patient or client to pay, and those who are too poor to pay for our services are not turned away. And in passing I would ask, Is this true of the other vocations in life? Will the carpenter, the architect, the mason, the blacksmith, the mechanic work for the poor any cheaper than for the rich? Doesn't the poor man pay the same toll at the mill that the rich man does? Does not the price of his apparel, his food and his raiment come just as high to the poor man as to the rich? and, if he hasn't the money, doesn't he go away empty-handed, his children suffering for the necessities of life? Does the bank lend its money any cheaper to the poor than to the rich? How often has the poor man knocked at the door of other vocations and been turned away empty, exclaiming in his heart with the poet as he went:

"Is there no secret place on the face of the earth,
Where charity dwelleth, where virtue hath birth;
Where bosoms in mercy and kindness will heave,
Where the poor and the wretched shall ask and receive?
Ah! Search the wide world wherever you can,
And there is no open door for the moneyless man."

The similarities of these two professions is seen in the fact that it is the policy of each profession to keep out unworthy members. That they have in a measure succeeded in this is shown by the fact that the two professions today are among the most honorable vocations of man Each of these professions in its way protects life, liberty and property, and encourages the pursuit of happiness. The doctor in the sick chamber protects the life and liberty of the patient; the lawyer in the court room protects the life and liberty of his client. The doctor protects property as well as life in his advice and influence in directing sanitary regulations, as nothing more affects the value of property in towns and cities than their sanitary regulations: the lawyer protects the property of his clients in the wriing of proper deeds and in defending their property rights in courts of justice. The protection of life, liberty and property is the encouragement of the pursuit of happiness.

With the principles and tenets of these two great professions firmly fixed in the minds of their followers there is yet great good to be accomplished in their strict observance. Standing today almost at the beginning of the 20th century, and looking back down the corridors of the ages and noting the advancement made in these two professions "since time was young," we may gather hope for a greater future and a grander destiny. Being reminded of the fact that cases were once tried and justice administered by a decree of the court that the parties in dispute should enter a ring and by a physical combat, which was called "trial by battle," determine the justice of their cause, thus giving the verdict to the strong; and noting the great improvement today in the legal principle, that no man shall be deprived of life, liberty or property, except by a verdict of a jury of his peers, the lawyer finds comfort in the fact that his profession has made great strides toward a more perfect system for the administration of justice between man and man, and he rejoices in the hope that in the future it will mold itself to the needs of an advancing civilization. When the doctor of today reflects upon the fact that the means of treating fever, for instance, but a few generations back was to deprive the patient of that which tended mostly to reduce the fever, and when he considers the great improvement in the treatment of that and many other diseases that could be mentioned, he may rejoice in the fact that his profession

has kept pace with the advancement and progress of the world. The past, however, is not without its bright particular stars in each of these professions; and it is with wonder that we look back to the achievements of some of our predecessors. Compared with some of those who have gone before, we are but pigmies, but we have the benefit of their experience and their research and their learning, and we can climb upon the shoulders of these great men of the past and can thus see further than they did. Having the benefit of the experience and learning of our predecessors, the 20th century should develop in each of these professions a more perfect science, more learned, more consecrated and better practitioners. There is no end to the advancement of science! Sir Isaac Newton once said: "By close application I have been able to gather a few bright shells upon the shore, while the great ocean of science, with its myriads of bright gems, lies out unexplored before me." Having the benefit of the learning of the past ages and with the experience of our predecessors to aid us, we have during the past century, been enabled to pick up a few bright shells upon the shore, while the great ocean of the science of our profession lies out unexplored before us. The man who is married to his profession; he who is willing to put his heart and soul into his work, and to strive with an ardor born of determination may be able to garner some of these bright gems of truth. "It is well worth a life to hold in fee."

SOME REASONS FOR THE PAST FAILURES IN THE TREATMENT OF THE MORPHINE HABIT.*

By Geo. E. Pettey, M.D.,

MEMPHIS, TENN.

I hardly think it necessary to make an extensive appeal to medical literature to remind this Association that failure has been the almost universal result of attempts at treatment of the morphine habit. Your own observation and experience has doubtless convinced you that such is the fact. So far as I can judge from the expressions of physicians with whom I have discussed this subject, and from its literature, little hope has been held out to this class of sufferers by our profession.

Anders, in his recent work on Practice says: "The treatment is manifestly difficult" and that "the likelihood of a cure is extremely remote." DaCosta says "There is no remedy for the opium habit."

*Read before the State Medical Association, April 16-19, 1902, Birmingham, Ala.

These opinions are based upon the accumulated experiences of the past and it must be admitted that the extreme rarity of curing a patient of this class by any of the methods known to medical literature fully justifies these conclusions.

The treatment of Morphinism has usually been undertaken in one of three ways, known respectively as the "Sudden Withdrawal," the "Rapid Reduction" and the "Gradual Reduction" methods. The names by which these methods of treatment are known indicates the general course of procedure in each. The gradual reduction method has been the one most often resorted to and until recently it has had the almost universal indorsement of American authors. As my time is limited, I shall consider the reasons for failure when this method has been resorted to.

In this method, without preparatory treatment, the supply of the drug is diminished day by day, until in the course of four to twelve weeks the last of the drug is left off. This entire course of treatment is attended by general malaise, wakefulness, restlessness, nervousness and at times by persistent nausea and diarrhea with extreme prostration, and, usually, by the time the last of the drug is left off the poor wretch is so exhausted that he is unable to maintain himself without resort to stimulants.

Of this condition Erlenmeyer says: "The patient after withdrawal is left in such a condition of physical weakness and mental dilapidation as to be the victim of intolerable suffering and unfit for enjoyment or application to work. He cannot sleep, he has no appetite, often vomits, and feels too much used up to rise from bed. This condition continues for a long time and grows worse from week to week. Various attempts at cure prove useless. A return to morphine is the only remedy."

To palliate this condition strychnia and alcoholic stimulants were usually freely administered with chloral and other hypnotics to induce sleep. The drug in the system was considered "The Malady" and the thing to fight. To withdraw or discontinue that was the aim of all therapeutic endeavor.

In order to see more clearly wherein past methods have been at fault, let us consider the pathology of this condition. Structurally, we will say that the pathology is nil, as no structural changes are discernable either in the brain or other tissues of the body. The pathological changes are entirely of a functional nature, but these are marked and well defined, and are most noticeable in the digestive tract. The tongue is coated, the breath is foul, constipation is habitual, appetite is poor, digestion is much impaired and the powers of assimi-

lation are so diminished that the entire muscular and nervous system is in a state of semi-starvation. Oxidation of the blood is imperfectly accomplished, excretion and secretion are impaired and the entire system is surcharged with the products of de-nutrition.

Let us consider the effects of the first dose of morphine introduced into the system. These are a state of quietude or torper, drowsiness, soon succeeded by sleep with diminished or completely arrested peristalic action, constipation, with reduced activity of all the secreting and excreting glands. In the course of eight to twelve hours the hypnotic effects as well as most of the other effects have subsided and the functional activity of the system has become normal and, possibly, secretion and excretion are carried on at a slightly accelerated rate, but it requires several days for this increased activity of the excreting organs to free the system from the products of waste that should have been eliminated during the time these functions were retarded by the benumbing influence of this drug. Now, if before that is accomplished, another dose of the drug is taken, the eliminators are again interfered with in their work, and if this is repeated from day to day the system soon becomes surcharged with the products of tissue disintegration and their fermentive products. These products play a much more important role in causing the difficult complications met upon the withdrawal of morphine, known as abstinence symptoms, than does the drug itself.

It cannot be shown that the drug in the system, or its oxydized product—oxydirmorphin—atom for atom, are more poisonous to the patient than are the products of tissue disintegration, and since these are present in many times greater quantities than the drug, or its product, they should be looked upon as the chief pathological factor, so far as the physical disorder is concerned. In the treatment of these addictions the drug in the system is not so much to be contended with as are the products of waste which it imprisons therein.

Pari passu with this physical poisoning go the mental changes. The will power is greatly impaired, mental activity and independence of action and thought are diminished and in their stead a state of indecision and dependence with a morbid dread of pain are established, the drug user becomes thoroughly confirmed in the belief that his well being and even his life depend on his receiving his supply of drug regularly. This completely robs him of independence or self-assertiveness. The mind is blunted, inactive, servile, dependent; unable to receive with acuteness new impressions or to readily recall those formerly received. He feels that he is a helpless victim in the clutches of a monster with whom he is totally unable to cope: his mental surrender and enslavement are complete. These mental

impressions are deep and lasting and even if the physical disorder is fully overcome, this mental state alone, if left uncorrected, will perpetuate the habit.

While morphinism has been classed as a mania and the importance of the mental side has been insisted upon by some medical writers, in the treatment usually advised the mental element has not received that practical recognition that its importance demands or that could reasonably be expected to correct such a disorder. In fact the course of therapeutic management has usually been such as to perpetuate the mental habit, the mania, rather than to overcome it.

Let us examine the leading features of a case treated by the gradual reduction method and see if there is anything in that course that could be expected to cure a mania. The patient is taking, say 20 grains of morphine a day at two doses, hypodermatically. The physician plans to reduce the dose by one grain a day for the first ten days and then by a less quantity until zero is reached in thirty or forty days. After the first three or four reductions the dose does not entirely relieve the patient nor does that measure of relief last until the time for the next dose. Several hours before the time for each succeeding dose the patient begins to be more uncomfortable and to look forward to the next dose. Time drags heavily and as the hour for his dose draws nearer his suffering increases and his anxiety for the drug is greater.

Thus his mind dwells on the drug and its effects from hour to hour and his dependence upon it is more deeply impressed upon him. This is continued day after day and as his doses grow smaller, the relief is less complete and the hours of suffering longer.

While the reduction was being made, each injection gave a measure of relief, and the patient was thus taught to expect and depend upon them for relief and notwithstanding the fact that the zero point in the reduction may have been reached, the physician finds it still necessary to give the injections at the accustomed time, and while they now contain no opiate, about the same measure of relief is obtained as when they did contain the opiate simply from the mental impression, suggestion of relief, which the patient had been taught to expect from them.

When the patient had been taken off his drug by this process and kept off by supervision and restraint for a few weeks, and his physical condition sufficiently improved he was discharged as cured, notwithstanding the fact that the profound mental impressions made on him during this protracted and trying ordeal were still vivid and uneffaced.

Now I contend that no matter how excellent such a patient's physical condition may be, he is not cured of the habit in any reasonable sense of the word, but that he is still as truly a morphiomaniac as he

was the day the treatment was begun and even more so. Such a patient will as certainly return to the use of the drug as he is given his liberty, not because all morphine patients relapse, but because he was not really cured. This long drawn out course of treatment, the repeated anticipation and realization of relief from the drug, coupled with entire failure to get relief from other sources, has so intensified and perpetuated his dependence upon the drug, that the mental disorder, the mental habit, the mania is as strong as ever and will control his conduct.

In order to be successful the therapeutic management must be such as will overcome the mental habit, the mania, as well as cure the physical disease, but instead of the gradual reduction method doing that, it is the most effective manner of perpetuating this mental disorder that the ingenuity of man could advise.

Mental impressions, ideas, control the conduct of men, in fact, the habits of life, the character, is simply the sum or product of the mental impressions received by the individual.

It is a well known fact that some of the greatest geniuses the world has ever known were dominated by one idea; also that many insane persons are perfectly sane upon all subjects but one, but, upon that they are intensely insane. Without any discernable change in either the function or structure of the brain, this one idea has become so implanted in the mind that it is dwelt upon to the exclusion of all others. This is true of the morphiomaniac. Upon all other subjects he may be perfectly sane, but upon this he has a mania. In his case this mania is the product of suggestion. The frequently repeated thought—auto-suggestion—of relief, of a state of well being from the use of the drug has so firmly implanted this idea in his mind that he inevitably follows it. It has been fully demonstrated that mental impressions can be so fixed in the mind, so indelibly stamped upon the mental machinery, by suggestion alone, that such impressions will dominate the life of the individual.

To illustrate the power and permanency of mental impressions, I will relate an incident in the life of a prominent minister, which is well vouched for. After partaking of a sumptuous repast with one of his parishioners, this preacher set out on horseback for his next appointment. After riding several miles through the woods he came to a small strip of prairie. Upon entering this he noticed the carcass of a horse a short distance from the road in a high state of decomposition. The odor from this was so disagreeable that before he could pass it he was intensely nauseated and vomited freely. He says he thought nothing of this, as a disagreeable odor would often nauseate him, and that he had not thought of this experience for many months,

when, more than a year afterward he had occasion to pass that way again. Upon arriving at the little prairie and seeing the bones of this animal, notwithstanding no odor emanated from them, the impression made on his mind on his former trip recurred to him with such force that he at once became sick at his stomach and vomited.

Now, if a single impression can have such a deep and abiding effect on a normal man, how much more lasting may we expect these impressions to be on one whose mind is already warped and subdued to a state of dependence upon a drug, if that dependence is accentuated by the repeated expectation and realization of relief from its use. Is it not reasonable, in fact inevitable, that these impressions, made day after day throughout a protracted course of treatment, should become an integral part of the man's mental state; that they should dominate his conduct as completely as a mania of any other type would do? Is it not a matter of common experience that mental states do dominate men in all the walks of life? Then why should we not look for it and acknowledge its potency in the morphiomaniac? When we do this and intelligently plan our course of treatment so as to effectually correct this mental disorder at the same time that we cure the patient of his physical disease, we may reasonably expect success to attend our efforts, but not until then.

In the last October number of the Therapeutic Gazette I recorded what I have, in the treatment of a series of three hundred cases, found to be a successful course of therapeutic management of these addictions. In that article I called attention to the psychological element, but did not there insist upon its importance. It is essential to recognize the fact that you have to deal with a condition presenting a dual disease, a mental and a physical disorder, either of which would be sufficient to control the conduct of the patient and cause a return to the use of the drug even if the other were entirely overcome.

Instead of pursuing a course of therapeutic treatment that will intensify the disordered mental state, the therapeutic measures should be such that they may be used to correct the mania, overcome the patient's dependence upon his drug and establish confidence in himself. A patient of this class should not be considered cured until his mental as well as his physical equilibrium has been restored.

TWIN PREGNANCIES AND CASES.

By Hugh Boyd,

SCOTTSBORO, ALA.

Twin pregnancies are very rare, occurring once in about every sixty-eight pregnancies in America, once in sixty-three in England, once in eighty-five in Germany and once in ninety in France. The statistics not only vary in different countries, but also in different parts of the

same country. Also with the latitude and race. While the influence of country and race has its bearing more or less in the production of twins, still that which exerts the greatest predisposing causative influence, are heredity and the multiparous state, double pregnancies being much more frequent in multipara.

Of the signs, symptoms, and causes of twin pregnancies, I shall not speak—for anyone who has a good knowledge of obstetrics can work out for himself the first two, and the last I leave for authors, on which they may theorize, holding myself that heredity and the multiparous state are predisposing. I do not believe it is the rule for a uterus to carry twins to term. Some are lost in the fifth and sixth months, while more are carried to the seventh and eighth months, the majority miscarrying between the seventh and eighth months, and but few, especially if both children weigh as much as five pounds each, are carried longer than the eight month. And as an apology for reporting these cases, I mention that their size and their going to term are out of the ordinary, and may be of interest to some.

In an obstetric practice of eighty cases, I met up with five twin pregnancies, three of which went to term, and two others miscarried at five and a half months, these not being reported, as they present nothing interesting. These cases are interesting from the size of the children, the fact that they went to term, and all the children born alive. I fail to find in statistics cases which report a twin pregnancy with children weighing more than seven and one-half pounds, and both living. I find reported those with one dead and the other weighing as much as eight and ten pounds and even more, but none with both living and both together weighing more than fourteen and one-half pounds.

Four of these cases were multipara and three had claims to heredity. In those that miscarried, the cause could be ascribed to other elements than from the uterus.

Mrs. S., age 35, large woman and mother of six children. She had never been delivered of twins before, nor had any of her relatives. This was her seventh pregnancy, and occurred as follows: The labor was protracted on account of the excessive distension of the uterus, and feeble pains, due to this cause. The first presentation was a left foot with toes to the right and anterior. A male child was born which weighed eight and one-half pounds. The second presented R. O. A. with right arm over the head. A female was delivered which weighed eight and one-quarter pounds. There were two membranes and two placentae, separated by a septum.

Case No. 2.—Mrs. E. S., medium sized woman, age 26, and mother of three children, having been delivered, at her last confinement, three and one-half years before, of twins, male and female.

The deliveries in this case were uneventful; two girls being born, both presenting R. O. A., one weighing seven and the other six pounds. The septum was very thin, and the placenta was seemingly one large mass, into the opposite sides of which the cords were inserted.

Case 3.—Mrs. Wm. C., small woman, age 29. mother of three children. Labor easy. Feet, not knees, presented in both cases, with the toes anteriorly and to the right in the first—boy; and posteriorly and to left in second—a girl.

The boy weighed four and one-half and the girl six and one-half pounds. The septum was very thick, dividing the placenta, into the center of each, the cords were inserted.

A SYSTEMATIC ALTERATIVE EFFECT.

The following from Gaillard's Medical Journal, by Dr. A. H. Ashley, of Boston, Mass., will interest our readers because of the original way in which he expresses his pronounced admiration for something tried, trusted and not found wanting. The letter was written to our old friends, The Antikamnia Chemical Company, and reads as follows:

Gentlemen: Your various combination tablets, as well as antikamnia tablets have been used by me for a number of years, and I can only say that they have uniformly given me the best results. But, my dear sirs, why have you waited so long to give us the very best combination of them all? I, of course, allude to your "laxative antikamnia & quinine tablets."

If there is anything known to the medical profession which will take their place in that class of diseases, where one wishes to relieve pain, control the temperature and at the same time produce, by laxation, a systematic alterative effect, it has not been my good fortune to find it. In those cases of severe neuralgia, and particularly in ovarian and menstrual pain, where morphine was our only hope (and where, after its administration, we had indigestion, bowels bound up, nausea, habit, etc.), you have in Laxative Antikamnia & Quinine Tablets a remedy which will, my experience has taught me, replace morphine and meet all requirements.

I am slow to be carried away by enthusiasm for any drug or combination of drugs, but I freely and voluntarily confess that in these tablets you have given to the profession a remedy so effective and reliable in its action that it affords good excuse (or a mitigating circumstance anyhow) for a little effusion from one who, as a general thing, is not given to gushing.

With my best wishes for your future and many thanks for your elegant preparations, I am sincerely yours,

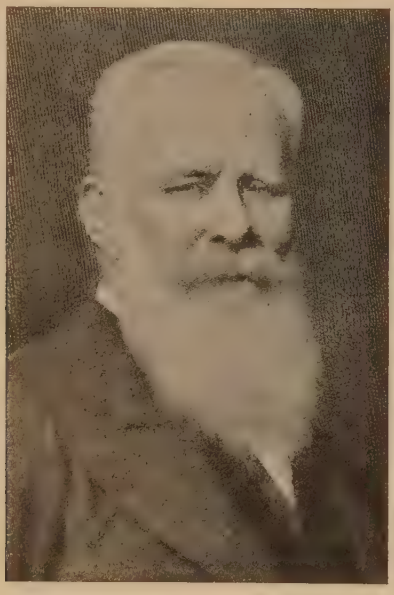
A. H. Ashley, M.D.

Selected Articles.

PROFESSOR HERMANN NOTHNAGEL.

(From the "Weiner medicinische Wochenschrift," Oct. 12, 1901.)

On the day after tomorrow, at the First Medical Clinic in Vienna, there will take place the unveiling of a statue of Nothnagel erected by his disciples on the occasion of the savant's sixtieth birthday. In accordance with the express wish of Nothnagel, the celebration of the event will be strictly private, and strictly confined to the circle of the former and present physicians connected with the clinic; but the entire



PROF. HERMANN NOTHNAGEL.

medical profession of Austria will be present in the spirit, if not in the flesh, at the celebration of the anniversary of a man who has been to them a shining example as a sympathetic teacher, a humane physician, and one of the noblest of men.

Nothnagel today is at the height of his scientific activity, which dates from the year 1865, when he was appointed Leyden's assistant in Konigsberg. In 1867 he was Docent at Breslau; in the yeas 1872 and 1873 he taught in the capacity of professor at the policlinic in

Freiburg in Baden; later he was Orlinarius in Jena from 1874 to 1882, when he was called to Vienna. His first celebrated work, "Handbuch de Arzneimittedlehre," appeared in 1870. This was followed by two essays replete with original observations: "Topische Diagnostik der Gehirnkrankheiten," in 1879, and "Beitrage zur Physiologie und Pathologie des Darmes" in 1884. Experimental investigations of the highest importance are contained in these publications, as well as in shorter compositions on the brain, the effect of lightning, temperature-sense, vasamotor neuroses, convulsions, Addison's disease, and the cardiac regulating mechanism. More recently, Nothnagel has written on two modern subjects, "Compensatory Processes in Pathologic Conditions" and "Vascular Pain." Since the year 1894 he has been engaged in editing the great "Specielle Pathologie und Therapie," for which he himself wrote the volume on the "Diseases of the Intestine and Peritoneum." This magnificent work is now being translated into English and published by W. B. Saunders & Co., of Philadelphia.

Nothnagel's imposing and winning personality shows itself in his intercourse with patients, and especially in his relations with students. We shall never forget the morning of the 16th of October, 1882, when he entered the clinic for the first time and delivered his maiden address. The student body had made his acquaintance a few days earlier, in the capacity of examiner. The logical, thorough and scientific manner in which he made six applicants go through the examination of a case of pleural pneumonia, and the meticulous precision with which he entered into the details of the pathology, and especially of the treatment astonished every one present, and filled those who were sure of their subject with pride, while the exquisite courtesy he displayed toward the candidates, whom he in a sense treated as colleagues, aroused a feeling little short of enthusiasm. We soon learned to love the learned foreigner whose motto is contained in the words, "If a German is to be really touched by anything, it must strike an ideal cord." The opening words of Nothnagel's lecture contained a reference of respect to the memory of Duchek and Skoda. The change from the idyllic peace of a Thuringian country town to the busy metropolis, he said, and the thought that he was to be the successor of such men as Duchek and Skoda, would be calculated to make him lose courage if he were not buoyed up by his earnest determination to teach his Vienna students to the best of his ability. He then went on to discuss the scope of clinical instruction which is intended as a scientific training for the practical branch of medicine. It presupposes on the part of the student the requisite knowledge of the natural sciences, anatomy, histology, morbid anatomy, physiology, general and special pathology,

pharamacology, and chemistry, and a familiarity with the technic of auscultation and percussion, of ophthalmoscopy, laryngoscopy, and microscopy. "You see," continued Nothnagel, "what it is that I mean, and what I wish to bring about; the all-around training of a practising physician. There is no doubt that the tendency toward specialization in practical medicine is beneficial in the main, because it makes a more thorough study of special subjects possible; it may even be indispensable for the performance of certain technical operations; but this much may be expected from the practising physician—that he should know enough of the so-called specialties at least to enable him to make a diagnosis and to read the indications." He closed his lecture with the words which have since become famous: "Knowledge obtains ethical value and true meaning only by being used. It takes a good man to make a good physician."

Nothnagel is more; he is also a great physician. During the twenty years of his activity in Vienna he enriched the science of medicine by valuable investigations, has rendered assistance to innumerable patients, and has trained a number of able physicians both from Austria and from abroad; in fact, he has founded a great school. He has become one of us in the highest sense of the word. May he continue his intellectual and didactic work for many years to come. On this, the sixtieth anniversary of his birthday, it is our hope that he may rest for a moment from his weighty labors, to reflect with pride upon his relations with us, to our faculty, to everything that is best and noblest in Vienna.

The memory of many a bitter experience may be softened by the thought that as he was hailed with joy when he was called to Vienna twenty years ago, so he has, through his learning, the brilliancy of his eloquence, and his exalted humanity, became the first physician, the first Good Samaritan, in the monarchy.

GLASS VACCINE POINTS—A NEW AND ORIGINAL IDEA.

One of the most interesting developments in vaccine points is undoubtedly that recently placed upon the market by the H. K. Mulford Co. of a flint glass point, similar in size and shape to that of the ivory point. Every propagator of vaccine and user, has recognized the limitations of the ivory or bone point, inasmuch as it could not be properly sterilized either by dry heating, which chars it, or by the use of antiseptic solutions or powders, which would be absorbed in the bone and destroy the vaccine virus itself, and for this reason experiments have been carried on during a period of years, to secure a proper substitute in glass, which from the start has been recognized as the

ideal, if it could be properly produced. Mulford Co. have succeeded in doing this, they have under their management a large and completely equipped glass plant on their vaccine farms at Glenolden, for the manufacture of such glassware as they use in connection with antitoxin and vaccine. It is the only glass plant in the world that employs exclusively women.

The glass point permits of thorough scarification, it is easily and thoroughly sterilized, and is supplied by H. K. Mulford Co. either in form of dry points, or what is superior to these dry points, the glycerinized tubes and is thoroughly tested and free from pathogenic organisms.

The glass point is first sterilized and tipped with glycerinized vaccine which has been carefully tested bacteriologically and physiologically, to prove its activity and purity, after that it is encased in sterile glass capsule, which is then hermetically sealed, thus permitting handling of the point without any possible contamination, and it is in point of fact, the ideal form of vaccine, representing the purest and most active.

There is no advanced charge made for the glass glycerinized points and we endorse them as being the most advanced step forward in the marketing of a pure and aseptic vaccine.

I am not in the habit of writing promiscuously of the virtues of medicines but when I have used a remedy for many years with uniform success I feel that it is not out of place to give the remedy my commendation. I have been engaged in the practice of medicine here for many years and the diseases which I am called upon to treat are mostly of malarial origin. Under such circumstances I am required to have a positive and efficient tonic for the hepatic organs. It is very difficult for me to get along without that tried and true remedy for the above conditions, Chionia. I frequently use it alone and at other times in combination with other indicated remedies. I find it a real tonic for liver troubles and not a mere stimulant, that its administration promotes digestion and supplies the exhausted and run down liver with new energy. Another advantage is that it has no depressing effects, which ordinary purgatives possess.

Yorktown, Ark. L. Williams, M.D.

I am particularly well acquainted with Cactina in the pillet form and can speak highly of it as a cardiac tonic and as a remedy for palpitation in dyspepsia. Alexander Bryce, M.D., D.P.H.

Birmingham, Eng.

Editorial.

JNO. C. LeGRANDE, M. D.,.....Editor and Prop.

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Thomas D. Parke, M. D., Birmingham, Ala.

The Journal will be mailed on or about the 15th of the Month. Subscribers failing to receive it promptly will please notify us at once.

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The Medical Association of the State of Alabama.

The Journal of the American Medical Association gives the following report of the recent meeting held in the city of Birmingham, April 15 to 19, 1902:

Dr. Cunningham Wilson, on behalf of the Jefferson County Medical Society and the local physicians, welcomed the visitors to Birmingham. Hon. L. C. Dickey extended a welcome on behalf of the mayor, W. M. Drennen, who was obliged to be absent.

The President, Dr. Edwin L. Marechal, Mobile, in his address, gave a brief history of the association. It was organized in 1849 and held annual sessions until 1856, when it ceased to exist until after the Civil war. In 1868, the association was reorganized at Selma. Of those present on that occasion only three are living, namely, Drs. Richard

F. Marechal and Jacob Huggins of Alabama, and Dr. T. C. Osborne of Texas. The address concluded with recommendations for the future of the association.

ORGANIZATION.

Dr. James N. McCormack, secretary of the State Board of Health of Kentucky, and chairman of the Committee on Reorganization of the American Medical Association, was then introduced by the State health officer, Dr. William H Sanders. The reports of the officers for the previous year were presented.

At the evening session, Hon. J. B. Duke, Lafayette, read a paper on "The Relations of the Medical and Legal Professions" and Dr. Glenn Andrews, Montgomery, a paper on "The Prevention and Spread of Infectious Diseases."

SLEEP—THE ANNUAL ORATION.

The morning and afternoon sessions of April 16th were devoted to the discussion of papers and in the evening the historian's address was presented by Dr. Samuel W. Welch, Alpine. Dr. J. Huggins, Newberne, then made his report as monitor, and the annual oration by Dr. Edwin B. Ward, Selma, followed. The author discussed sleep, its causes, remote and direct, the reason for sleep and the best conformation of habits to obtain normal sleep. These include exercise in the open air to the point of fatigue, avoidance of heavy and late meals and avoidance of severe mental strain before retiring He impressed on the audience the danger of the habit of taking drugs to produce sleep, as artificial sleep does not satisfy the body. As the phenomena of sleep point to the readjustment of energies, the habits of life should be so conformed as to secure the necessary amount of normal healthy sleep.

INCURABLE CONDITIONS RELIEVED BY SURGERY.

One of the most interesting papers of April 17th was by Dr. James T. Jelks of Hot Springs, on "Incurable Conditions Amenable to Surgery; Three Operations Followed by Relief of Cirrhosis of the Liver, Hypertrophy of the Prostate and Bright's Disease." Dr. Jelks asserted that Bright's disease was no longer incurable; many cases have been cured through surgical interference. He specially mentioned the work of Mr. Reginald Harrison of London; and the brilliant results of the New York surgeons.

FAILURES IN TREATMENT OF MORPHINE HABIT.

Dr. George E. Pettey, Memphis, Tenn., presented a paper in which he gave some reasons for failures in the treatment of the morphine habit. He asserted that the direct cause of the failure of cures in the past was that the mind was not treated as well as the body. The three methods formerly in universal employment were the sudden

withdrawal, the rapid withdrawal and the gradual withdrawal of morphine from patients. He pointed out that in all three of these methods the patient had been left without the habit, but that the mental condition was not treated; he averred that if the mental cure were carried on at the same time the patient would be left strong, not only in body, but also in mind. This paper elicited an animated discussion.

MILK AND INFANT MORTALITY.

During the discussion of the paper of Dr. Thomas D. Parke on the "Causation of Infantile Mortality in the State," Dr. John C. LeGrande, Birmingham, said that many dairies tended to enlarge the mortality by furnishing impure or polluted milk for infant food. He urged that stringent laws be passed whereby dairymen could be more carefully watched, and spoke of the general failure of mothers to sterilize milk before feeding to infants. He then narrated his personal observations on the fatal results following the use of polluted milk as infant food.

GENERAL BUSINESS SESSION.

The greater part of the session of April 18th was devoted to the reports of the censors, counsellors, correspondents and other officers and revision of the rolls of the county societies. The report of the committee on the Jerome Cochrane monument was also received, which stated that the committee was now ready to receive contributions and asked the active co-operation of all members. Reference was made in the report of the senior censor to a bill now pending before Congress which seeks to change the Marine-Hospital Service. The censor objected to this, but the association decided to refer the matter back to the censors until next meeting. The other recommendations of the senior censor in reference to State laws were adopted.

ELECTION OF OFFICERS.

The election of officers resulted as follows: President, Dr. Glenn Andrews, Montgomery; vice-president, northern division, Dr. Andrew McA. Stovall, Jasper; orator, Dr. Lewis C. Morris, Birmingham; alternate orator, Dr. George S. Brown, Birmingham; and members of the board of censors, William H. Sanders and Dr. Henry A. Moody, Bailey Springs. Dr. Glenn Andrews, Montgomery, president-elect, resigned as member of the board of censors and William E. B. Davis, Birmingham, was elected to fill the vacancy.

The association adjourned to meet at Talladega next year.

ENTERTAINMENT.

The entertainment provided by the local physicians consisted in a reception by members of the Jefferson County Medical Society at the Hillman Hotel, a luncheon by the local medical society at the Country Club, and a buffet luncheon given by Dr. George Brown.

DaCosta Honors Two Birmingham Surgeons.

In looking over the last edition of "DaCosta's Modern Surgery" we note, with pleasure, that Birmingham is represented by contributions of X Ray plates of fractures of the hip and forearm by Dr. Gaston Torrance, and by a picture of the Hodgen Splint as modified and improved by Dr. Geo. S. Brown. It is true Dr. Torrance gave his assistance to Dr. DaCosta while still an Interne in the Pennsylvania Hospital, his work in this line having attracted Dr. DaCosta's attention, still we cannot help a snug little feeling of proprietary interest in seeing the work of a (now) Birmingham doctor in this connection.

Dr. Brown graduated in the same class with Dr. DaCosta several years ago, and they spent another year together as Internes in the Philadelphia Hospital where they became warm personal friends, and have kept closely in touch with each other since. Dr. DaCosta seems to have used the picture sent him by Dr. Brown more because it was the work of his old friend, as the short reference to it in the text of the article on fractures of the thigh would seem to indicate that at the time he did not think or know much about it, as, indeed, he has admitted since.

At the Richmond meeting of the Southern Surgical Association last year, Dr. Brown demonstrated the Hodgen Splint as he and many more of our Birmingham doctors use it here at present, and Dr. W. L. Rodman, who was present, afterward invited the demonstrator to go up to Philadelphia and put the splint on a patient before the class of the Medico-Chirurgical College. Dr. Brown accepted the invitation and explained the apparatus to both the class of the Medico-Chirurgical College and to Dr. DaCosta and his class at The Jefferson College with the results that it is being used in the hospitals of both schools at present and, as Dr. DaCosta said, the matter was deserving of more notice than he had given it in this edition, he would ask Dr. Brown to write the explanatory note of it in the next edition of his "Modern Surgery."

Those who use the Hodgen Splint for fractures of the thigh and hip, and Dr. Brown, who uses it for nearly all surgical affections of the leg and thigh, declare there is nothing in the way of an apparatus that will take the place of it. The results in fractures are well nigh perfect, as far as the element of shortening is concerned, while the comfort given the patient, and the very much lessened amount of work for the surgeon and attendants cannot in any wise be appreciated except by those who have had a good deal of experience in treating such affections without this appliance before they have come to use it.

We hope that text-book writers will soon come to see the importance of this method and give it the consideration it deserves.

Miscellaneous Notes.

NEW ORLEANS POLYCLINIC

Now in session fifteenth year. Closes May 31, 1901. Physicians will find the Polyclinic an excellent means for posting themselves upon modern progress in all branches of medicine and surgery. The specialties are fully taught, including laboratory work. For further information, address Dr. Isadore Dyer, Secretary, New Orleans Polyclinic, Postoffice box 797, New Orleans, La.

Dr. A. W. Sims is spending a few weeks in the city of New York at the Post Graduate School.

Dr. J. M. Mason of this city is at the "Hopkins" for a few weeks, taking a Post Graduate course.

We acknowledge an invitation and regret that we were not able to be present at the dinner given by Dr. J. D. Gibson to a number of his friends at the Hotel Hillman, during the Session of the State Medical Association of Alabama.

As Editor of the Journal we take the liberty of saying that the Entertainment Committee of the Jefferson County Medical Society and all of the doctors in the city and county did the nice thing by our friends during the session of the State Medical Association, in the way of social entertainment, and we are glad to note that all the doctors went to their homes feeling delighted, and expressing their appreciation for the very pleasant time which they had during their short stay in Birmingham.

The newspapers of the city say that Dr. Mobley is asking the city council to allow the Jefferson County Medical Society to hold their meetings in one of the halls in the new city building. Every doctor in Jefferson county will thank Dr. Mobley for his effort in trying to secure good quarters for the meetings of the Society, and it seems to us that the council, out of appreciation for the great amount of service which the members of this Society render the city and the people of Birmingham annually, free of charge, could do nothing less than grant the request, and furnish the Society a comfortable hall in which to hold their semi-monthly meetings.

The dinner given on Tuesday evening, April 16th, at the Hotel Hillman by Drs. J. D. S. and W. E. B. Davis to about fifty of the physicians attending the State Medical Association (in the number were all the visitors to the Association from other States), was a very elaborate and enjoyable occasion.

Alabama fails to produce men who ta ke more pleasure in the entertainment of their friends and contributing to theri comfort and pleasure than do the Drs. Davis.

Joseph J. Kinyoun, M.D., Ph.D., late surgeon of the Marine Hospital Service and director of the Hygienic Laboratory at Washington, has assumed the directorship of the biological laboratories of the H. K. Mulford Company at Glenolden, Pa.

Dr. Kinyoun has not only served the government by being delegated special representative to the International Congresses, by being late Surgeon of the United States Marine Hospital Service, and Director of the Hygienic Laboratory at Washington, but also by representing the government on several occasions in the investigation of the progress of serum organotherapy and infectious diseases at home and abroad, in Paris and Berlin particularly, Europe generally and Japan.

Of necessity his work carried him to and in contact with Professors Koch, Roux, Pasteur and Behring, under whom we have received special instructions and enjoyed the advantages of the study of bacteriology and allied subjects; this, together with the natural tendency of his talents, that of original bacteriological research peculiarly fits him for the office he now assumes.

The H. K. Mulford Company are to be congratulated for having secured the services of Dr. Kinyoun as director of their biological laboratories, and it is fair to predict that the high standard of the Mulford Biological Products will be still further advanced.

THE TRI-STATE MEDICAL SOCIETY OF ALABAMA, GEORGIA AND TENNESSEE

Will hold its 14th annual meeting at Birmingham, Ala., October 8th, 9th, and 10th, 1902. This meeting promises to be of unusual interest. One of the prominent features of the last meeting, which attracted considerable attention, was the discussion of sociological questions. Dr. J. C. LeGrande, Birmingham, Ala., President; Drs. Pugh U. Brown, Troy, Ala., Wm. P. Harbin, Rome, Ga., J. C. Wilson, Rockwood, Tenn., Vice-Presidents; Dr. Frank Trester Smith, Chattanooga, Tenn., Secretary, etc.—Va. Semi-Monthly.

tainment of their friends and contributing to their omfort and

ANNOUNCEMENT.

The Birmingham Medical College, Founded 1894.

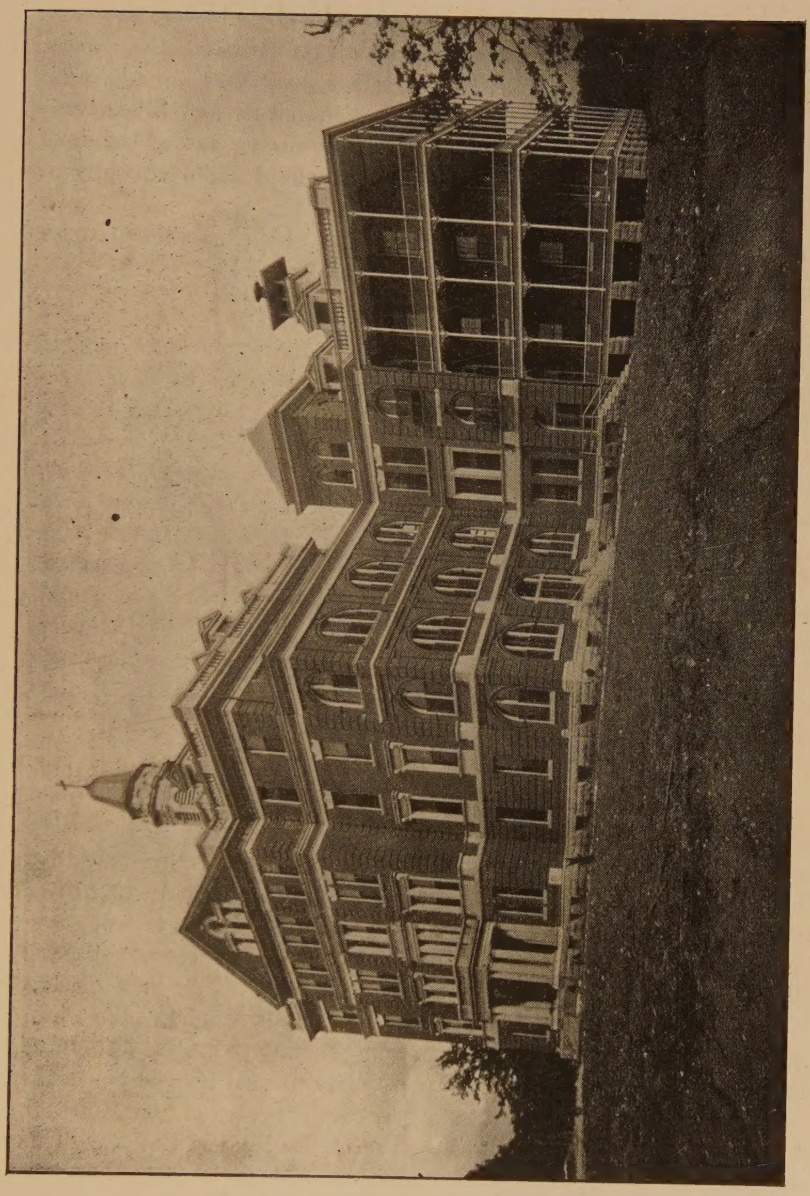
Announcement of Reorganization and the Erection of a College Building.

NEW BUILDING BIRMINGHAM MEDICAL COLLEGE.

The Faculty of the Birmingham Medical College are pleased to announce that plans have been adopted and all arrangements have been perfected for the erection, during the present summer, of a large and commodious new college building, which will be open for the reception of students at the beginning of the next regular session. The new

college will be located upon the corner of Avenue F and Twentieth Street, and will adjoin the new Hillman Hospital which will be built at the same time. Many marked changes and improvements will be inaugurated and no expense will be spared to add to the comfort and convenience of the students. The facilities for carrying out the four year graded course and for more thorough instruction in medicine and surgery, both theoretical and practical, will be greatly increased. The new college building will be a modern four story brick building, and will be thoroughly equipped and complete in all of its appointments. With new additions to the Faculty, thus increasing largely the corps of teachers, and the close proximity to a large modern hospital, the college will be able to meet all the demands of modern medical education and offers advantages to the student of medicine second to no other college in the South.

The erection of the Hillman Hospital and the new College building marks an important epoch in the history of medical education in the South. The Faculty desire to say to all of the alumni and friends of the institution and to the profession at large that the standard which has always been maintained will be still further elevated during the next session. The Faculty as now constituted is composed of many of the leading physicians in Birmingham, many of whom are specialists in their particular departments, and have demonstrated their fitness as teachers. The Faculty, therefore, appeal to the profession and the public at large for earnest support and co-operation in building up and maintaining an institution, which has always been conducted upon a high plane and one which has endeavored to elevate the standard of medical education by requiring a more thorough preliminary training and increased length of time of medical study and more rigid requirements for the Doctorate Degree. To this end the college several years ago, with other high grade institutions, adopted the four year graded course, and now requires that each student, before applying for graduation, shall have attended four sessions of six months each The curriculum adopted last session will remain very much the same, but there will be many changes inaugurated looking to a more complete and systematic graded course. These changes will be made on account of increased number of lecture rooms and increased number of laboratories as well as important additions to the teaching corps. In the new building large and well equipped laboratories will be provided and every facility will be afforded the student for thorough and systematic laboratory instruction in anatomy, physiology, chemistry, histology, bacteriology, pathology, clinical microscopy, and operative surgery.



St. Vincent's Hospital.

BIRMINGHAM'S CLINICAL FACILITIES.

The city of Birmingham, on account of its location, the cosmopolitan character of its people, its marvelous growth as an industrial and manufacturing center, multiplicity of hospitals and infirmaries, and rapid increase of population, is rapidly becoming one of the most important medical centers in the South and offers important advantages to the student of medicine.

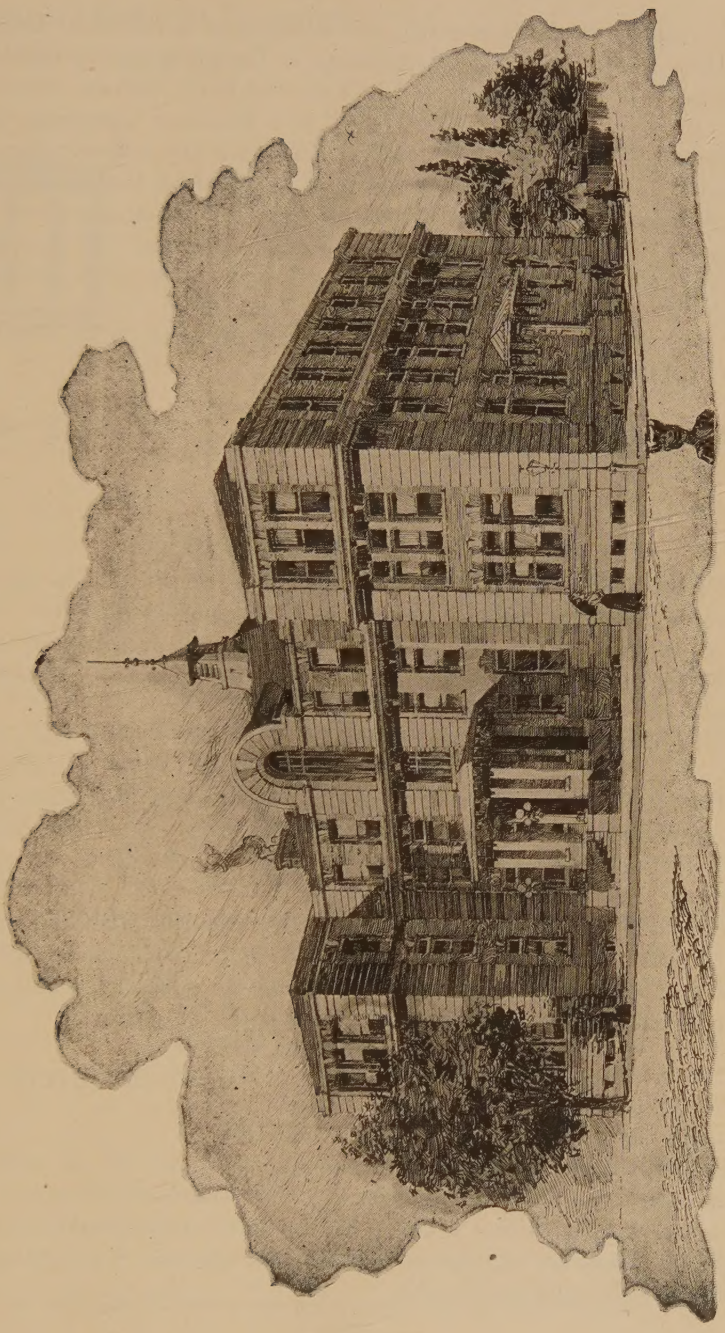
The following are among the institutions to which the students have access, and to which especial attention is directed:

ST. VINCENT'S HOSPITAL.

This large and well appointed Hospital is one of the most modern institutions in the South. It was erected in 1900 by the Sisters of Charity at a cost of $200,000; is four stories high, and consists of a main building and wings, and furnishes accommodations for several hundred patients. A large number of medical and surgical cases are treated annually and the wards are constantly filled with every form of disease. Much of the clinical teaching is conducted at this Hospital. The members of the Faculty, who are attending physicians and surgeons to the Hospital, hold regular clinics in the large amphitheatre which was built especially for the use of the Medical College. This Hospital is one of the largest and best appointed in the country, and special attention is called to the advantages it affords for clinical instruction.

THE NEW HILLMAN.

This Hospital, under the management of a board of lady managers, an auxiliary to the Society of United Charities, will be built during the present summer, and will adjoin the new College building. This will be a modern four-story brick and stone building, and will be built according to the most modern plans of hospital construction, and will furnish accommodations for a large number of patients. The Medical College has perfected arrangements with the management of the Hospital to have charge of the wards during the session of the College. Members of the Faculty will be attending physicians to the Hospital and will give daily clinical instruction in the wards, and will also hold clinics in the amphitheatre of the Hospital, which will be built especially for the use of the Medical College. This Hospital will also have an out-door dispensary service, which will be conducted by the Medical College Faculty. The advantages afforded by this Hospital will be such that the student will daily be brought into immediate contact with every form and phase of disease, and abundant material will be furnished for clinical demonstration.



NEW HILLMAN HOSPITAL.

In addition to these hospitals, the students of the Medical College will have access and receive instruction at the following institutions: The Davis & Davis Infirmary, The Copeland-Berry Private Hospital, The Morris Sanitarium, The Talley and McAdory Infirmary, The Hospital of The T. C. & I. Co. at Pratt City, and The Jefferson County Hospital and Alms House. Members of the Medical College Faculty are connected with all of these institutions and the students will be invited to operations, and will act as clinical assistants. The catalogue giving full information with reference to the course of instruction, tuition fees, etc., will be published about June 1st.

B. L. Wyman, M.D., Dean.

J. C. LeGrande, M.D., Secy.

All communications should be addressed to J. C. LeGrande, M.D., Secretary.

SUCCESS AND GRATITUDE.

We beg to gratefully announce to the Medical Profession the removal of our offices and laboratories to 105 Chambers St., New York, N. Y., where, with greater space and more extensive facilities, we shall be better enabled to take care of the increasing demand for Ergoapiol (Smith) and Glyco-Heroin (Smith).

After having our personal statements as to the unusual efficacy of these preparations in their respective indications verified by hospitals and clinical investigations, we sought to interest the physicians individually, and the satisfaction of those who have investigated either or both could not be more fully manifested than in the necessity of our new and more commodious quarters.

Indeed none the less is our gratitude to The Alabama Medical Journal, which has been so frequently mentioned in the communications requesting trial samples, etc., therein showing the large and wide-spread circulation of so consummate and estimable a Journal.

Yours sincerely,

Martin H. Smith Co.

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